FRÓÐSKAPARSETUR FØROYA
UNIVERSITY OF THE FAROE ISLANDS

Faroese and Nordic Application Form

# Application Form West Nordic Studies, Governance and Sustainable Management 2017

**1: Personal details** **Date of birth (DDMMYY):**

| | | | |
|---|---|---|---|
| Name (all names): | | | |
| Surname (only one): | | | |
| Street: | | No.: | |
| Post code: | | PO Box: | |
| City: | | | |
| Country: | | Do you have any disability, which may affect your studies? If yes, please specify. | Yes: ☐ No: ☐ |
| Nationality: | | | |
| Telephone no.: | | | |
| Mobile no.: | | | |
| E-mail: | | | |

**2: Basis for admission:**

| | Year | Degree title | Appendix no. |
|---|---|---|---|
| Bachelor's degree: | | | |
| Master's degree: | | | |

Other:

**3: Work experience:**

| | Employer | Start date | End date | Employment fraction |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| | | | | |

**4: Other relevant experience and courses:**

| | |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

**5: Signature:**

I include supporting documents to this application as proof of the information included in this application form.

The undersigned certifies to the best of his/her knowledge and belief that all information in this application and the annexes is true and correct.

Date Signature

**Application deadline: May 1, 2017, at midnight**

Applicants will be notified of the outcome by Monday May 15, 2017

The University must receive confirmation of acceptance of places from successful applicants by **Thursday June 1, 2017**

**Please submit the application form and appendix in digital format via:**

lestur@setur.fo

or by post to

**Fróðskaparsetur Føroya**
**J.C. Svabos gøta 7**
**FO - 100 Tórshavn**
**The Faroe Islands**

**7: Personal statement by the applicant:** **Date of birth (DDMMYY):**

**Name:**

# Power of attorney

**The undersigned:**

| Name: | Date of birth (DDMMYY): | | | | | |
|---|---|---|---|---|---|---|

| _____ | _____ |
|---|---|
| Date | Signature |

**hereby grants (please contact this person regarding any questions or issues related to my application):**

| Full name: | | |
|---|---|---|
| Address: | | |
| P.O. Box: | City: | Telephone: |

| _____ | _____ |
|---|---|
| Date | signature |

**power of attorney to apply to West Nordic Studies, Governance and Sustainable Management 2017 and answer on my behalf regarding acceptance of any offers.**

---

# Confirmation from employer

**The present hereby certifies that:**

| Full name: | Date of birth (DDMMYY):: | | | | | |
|---|---|---|---|---|---|---|

**in the following period:**

| From (day, month, year) | To (day, month, year) | Employment fraction |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**has worked for our company/organisation/institution and was charged with these responsibilities and tasks**

| |
|---|
| |
| |
| |
| |
| |

**Certified by:**

| _____ | _____ |
|---|---|
| Date | Signature and stamp |