



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:	<input type="checkbox"/>	No:	<input type="checkbox"/>	
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 appendixes is true and correct.
_____	_____
Date	Signature

<p>Application deadline: February 1, 2017, at midnight</p> <p>Applicants will be notified of the outcome by Wednesday March 1, 2017</p> <p>The University must receive confirmation of acceptance of places from successful applicants by Thursday June 1, 2017</p>	<p><u>Please submit the application form and appendix in digital format via:</u></p> <p>lestur@setur.fo</p> <p>or by post to</p> <p>Fróðskaparsetur Føroya J.C. Svabos gøta 7 FO - 100 Tórshavn The Faroe Islands</p>
---	---

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