

INCOMING STUDENT APPLICATION FORM

FOR 2008/09 EXCHANGE

1. Last name: _____
2. First name(s): _____
3. ID number in passport: _____
4. Place and date of birth (D/M/Y): _____
5. Nationality: _____ 6. Citizenship _____
7. Gender (M/F): _____
8. Permanent address: _____
- _____
9. Phone: _____
10. E-mail: _____
11. Person(s) to be contacted in case of emergency (full address and phone number):
- _____
- _____

12. Field of study:	Business ___	Law ___	International Relations ___
13. Level:	Bachelor ___	Master ___	

14. Name of Your home university:
- _____
- _____

15. I apply for:
- Fall Semester 2008 ___ Spring Semester 2009 ___ Academic year 20082009 ___

16. Do You need assistance in finding accommodation during your stay? YES / NO

DATE: _____ **SIGNATURE:** _____

day/month/year

Please return this application by July 1 (for Fall Semester), or by November 1 (for Spring Semester) to the Office of International Affairs at: Tondi 55, 11316, Tallinn, ESTONIA; Phone: (372) 6996 733, Fax: (372) 6996 696