

Send this form to the institution where you want to be enrolled as your first choice. Please write legibly using a typewriter **OR** CAPITAL letters

CPR-number (ddmmyy)										

### 1. Personal data

Reserved for the institution	First name(s)		Phone number
	Family name		Mobile phone number
	Address		
	Country code	Postal code	City
	Country		E-Mail

### 2. Citizenship

<input type="checkbox"/> Danish	<input type="checkbox"/> Other:	Country code	Country
Do you have a residence permit? If yes please enclose a copy of the permit			<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Higher secondary education/Entry qualification

<input type="checkbox"/> Non-Danish entry qualification
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### 4. Prior post-graduate degree

<input type="checkbox"/> I already hold a post-graduate degree (Second cycle higher education degree)
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### 5. Order of priority

Priority	Admission area no.	Name of Programme	Name of institution
1			
2			
3			
4			
5			
6			
7			
8			

**Please note** Admission area number **must** be stated once and only once

### Signature

Under liability according to Danish Law, I hereby declare the information I have given to be truthful and accurate.

_____	_____
Date	Signature of applicant