



UNIVERSITY OF GOTHENBURG
DEPT OF HISTORICAL STUDIES

Faculty of Arts

Application for courses Academic year 2015/2016

Family name		First name (s)	
Date of birth	Nationality	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Address		Postal code	
		City	
Country	Telephone		
Mobile phone	E-mail		
Name emergency contact			
Telephone		E-mail	
Home University		Home Department	
Course/Program at home University		Commenced (date): Expected date of completion:	

When do you want to participate in the exchange

Autumn semester 2015

Spring semester 2016

Preferred course(s) of study. Please rank in order of priority

Course code	Course name	ECTS credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature	Date
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Please return this form to:

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Erasmus coordinator
anders.simonsen@history.gu.se

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SWEDEN