

**Exchange Period**

Choose an item.

Fill the following tables

Add your portrait photo here

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| --- | --- |
| PERSONAL INFORMATION | |
| First Name: |  |
| Family Name: |  |
| Date of Birth (dd/mm/yyyy): |  |
| Sex: |  |
| Nationality: |  |
| Home Address: |  |
| Postal Code: |  |
| City: |  |
| Country: |  |
| Phone Number: |  |
| Email: |  |
| WhatsApp Number (if possible): |  |

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| HOME INSTITUTION | |
| Name of Home Institution: |  |
| Erasmus Code (if applicable): |  |
| Educational Level: |  |
| Name of Mobility Coordinator: |  |
| Work Address: |  |
| Postal Code: |  |
| City: |  |
| Country: |  |
| Phone Number: |  |
| Email: |  |

Check appropriate box

|  |  |  |
| --- | --- | --- |
| STUDY EXCHANGE PROGRAMME | | |
| Kokkola | Business Management |  |
| Kokkola | Environmental Chemistry and Technology |  |
| Kokkola | Industrial Management |  |
| Kokkola | Information Technology |  |
| Kokkola | Music Pedagogy |  |
| Kokkola | Nursing |  |
| Online | Virtual Exchange |  |

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| WORK PLACEMENT | | |
| Kokkola | Nursing |  |
| Centria Research and Development (please specify project) | Project  Click here to enter text. |  |
| Other (please specify) |  |  |

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| ADDITIONAL INFORMATION |
| Do you have any disabilities or needs that require extra assistance from Centria? Choose an item. |
| Do you wish Centria to reserve an apartment to you? Choose an item. |
| Do you have special wishes concerning the accommodation? Choose an item. |
| *If yes, what wishes?* |

|  |  |
| --- | --- |
| EMERGENCY CONTACT INFORMATION | |
| Emergency Contact Person’s Name: |  |
| Home Address: |  |
| Postal Code: |  |
| Country: |  |
| Phone Number: |  |
| Email: |  |

Additional documents to enclose to the completed application form:

* Learning Agreement (Note, changes may occur)
* Transcript of Records (in English)
* Motivation Letter (max. 1 page)
* Proof of Language Qualification confirming your skills in English (minimum B2 according to CEFR is recommended)
* Copy of Passport or National Identity Card (does not apply to Virtual Exchange students)
* Copy of European Health Insurance Card or other insurance certificate (does not apply to Virtual Exchange students)
* only for Music Studies: Demo-Tape

Centria University of Applied Sciences has to collect and store your personal data in order to manage your application and enable your exchange in Finland. Centria UAS will treat your data according to the general data protection regulation (GDPR).

By signing this document, I give my consent that Centria UAS can keep my personal data for administrative purposes in order to enable my exchange.

Sign by yourself and have your Coordinator sign the document after printing

|  |
| --- |
| SIGNATURES |
| Student | |
| Place and Date | |
|  | |
| International Coordinator of home institution | |
| Place and Date | |
|  | |

**When all documents are signed and gathered, scan them into one pdf file and send them to the following email prior the deadline (1st of june or 1st of november):**

[INCOMING@CENTRIA.FI](file:///C:\Users\SPIZHUB\Downloads\INCOMING@CENTRIA.FI)

For any additional information, please visit: <https://net.centria.fi/en/education/incoming-exchange-students/>