

**APPLICATION FORM**

Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Day and year of birth/personal identity number: \_\_\_\_\_  
Marital status \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

I wish to live in Residence Altona from \_\_\_\_\_ to \_\_\_\_\_

My actual studies: \_\_\_\_\_

Place: \_\_\_\_\_

Study credits: \_\_\_\_\_

What are you planning to study in Malmö/Lund/Copenhagen?

\_\_\_\_\_  
\_\_\_\_\_

Tell something about yourself and your interests. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have some food allergies or diet (unfortunately, we do not offer vegetarian, gluten free or lactose free diets)? \_\_\_\_\_

\_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature