

**Application Form West Nordic Studies, Governance and Sustainable Management 2019**

<b>1: Personal details</b>		Date of birth (DDMMYY):							
Name (all names):									
Surname (only one):									
Street:				No.:					
Post code:				PO Box:					
City:									
Country:				Do you have any disability, which may affect your studies? If yes, please specify.		Yes:		No:	
Nationality:						<input type="checkbox"/>		<input type="checkbox"/>	
Telephone no.:									
Mobile no.:									
E-mail:									

<b>2: Basis for admission:</b>			
	Year	Degree title	Appendix no.
Bachelor's degree:			
Master's degree:			
Other:			

<b>3: Work experience:</b>				
	Employer	Start date	End date	Employment fraction
1				
2				
3				

<b>4: Other relevant experience and courses:</b>	
1	
2	
3	
4	
5	

<b>5: Courses (in order of priority if you wish to take more than one)</b>	
1	
2	
3	
4	

<b>6: Signature:</b>	
I include supporting documents to this application as proof of the information included in this application form.	The undersigned certifies to the best of his/her knowledge and belief that all information in this application and the appendixes is true and correct.
_____	_____
Date	Signature

<p><b>Application deadline: February 1, 2019, at midnight</b></p> <p>Applicants will be notified of the outcome by <b>Friday March 1, 2019</b></p> <p>The University must receive confirmation of acceptance of places from successful applicants by <b>Monday April 1, 2019</b></p>	<p><b>Please submit the application form and appendix in digital format via:</b></p> <p><a href="mailto:lestur@setur.fo">lestur@setur.fo</a></p> <p>or by post to</p> <p><b>Fróðskaparsetur Føroya</b> <b>J.C. Svabos gøta 7</b> <b>FO - 100 Tórshavn</b> <b>The Faroe Islands</b></p>
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## Power of attorney

The undersigned:

Name: \_\_\_\_\_ Date of birth (DDMMYY): 

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\_\_\_\_\_  
Date                      Signature

hereby grants (please contact this person regarding any questions or issues related to my application):

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Date                      signature

power of attorney to apply to West Nordic Studies, Governance and Sustainable Management 2019 and answer on my behalf regarding acceptance of any offers.

## Confirmation from employer

The present hereby certifies that:

Full name: \_\_\_\_\_ Date of birth (DDMMYY):: 

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in the following period:

From (day, month, year)	To (day, month, year)	Employment fraction

has worked for our company/organisation/institution and was charged with these responsibilities and tasks

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

Certified by:

\_\_\_\_\_  
Date                      Signature and stamp