



APPLICATION FORM POST GRADUATE PROGRAMS

PERSONAL DETAILS

Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Reg. Nr. (for BUC use only)
Name(Last name, first name)	Phone	
Address for correspondence		
E-mail address		
Name of contact person in your home country	Phone	

I apply for the following course

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Previous education (please enclose certified copies of certificates)

Previous work experience (please enclose certified copies of references)

Signature

Place:	Date:	Signature:

Send to:

Bergen University College
P.O. Box 7030
N-5020 Bergen