

Personal data

Last (family) name	First names (<u>please underline your preferred first name</u>)
Finnish identity number (if available) or date of birth (dd/mm/yyyy)	Citizenship
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Native language

Contact information

a) Current address in Finland

b) Permanent home address

Complete street address (incl. house and apartment number)		Complete street address (incl. house and apartment number)	
Postal code	Town	Postal code	Town and country
Telephone		Telephone	
Email address			

Degree students: Study information (only to be filled out by degree students)

Pursued degree	Faculty
Degree programme or major subject	

Exchange students: Study information (only to be filled out by exchange students)

Exchange programme	Study programme or subject at UEF
Full name and country of home institution	

Registration

Autumn semester (August – December)	Registration <input type="checkbox"/> Present <input type="checkbox"/> Absent	Student Union membership fee <input type="checkbox"/> Yes <input type="checkbox"/> No
Spring semester (January – July)	Registration <input type="checkbox"/> Present <input type="checkbox"/> Absent	Student Union membership fee <input type="checkbox"/> Yes <input type="checkbox"/> No

Permission for giving out information

The university may distribute students' contact information to authorities, organisations or foundations which support university studies or improve study conditions. Contact information will not be distributed for commercial purposes or direct mail advertising.

I hereby give my consent to giving out my name and contact information from the student register: Yes No
I hereby give my consent to giving out my personal data for public registers: Yes No

Signature

The University of Eastern Finland requires that all incoming international students have a valid personal (travel) insurance policy from an internationally recognised insurance agency for the duration of their stay in Finland. This insurance should cover all possible costs related to treatment of sudden illness, accidents and accidental death.

By signing this document I assure that my insurance is valid and meets the above-mentioned requirements.

Date _____

Signature _____