

# Applicant Information

<b>Name</b>	
<b>Address in Denmark</b> (before departure)	Street: _____ Street number: _____ Postal Code: _____ City: _____
<b>Citizenship</b>	
<b>Date of Birth</b> (m/d/y)	Month: _____ Day: _____ Year: _____
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>E-mail</b>	
<b>Telephone Number</b>	
<b>Commencement of Internship</b>	<input type="checkbox"/> Summer 20____ <input type="checkbox"/> Alternative period <input type="checkbox"/> Fall 20____ (date to and from): <input type="checkbox"/> Spring 20____ _____
<b>Place of Internship</b>	Destination: _____
<b>Education in Denmark</b>	Institution: _____ Program of Study (in English): _____ Number of passed semesters: _____
<b>Contact information for your contact person</b> (in case of emergency during your stay abroad)	Name: _____ Phone number: _____ E-mail: _____