*external student for one academic year*

To the vice dean for academic affairs (in doctoral studies to the vice dean for research) of the Faculty of

Date

**Application**

I hereby apply to be registered as an external student of the , the curriculum of ...................................., , the version of the academic year , for the academic year

|  |  |
| --- | --- |
| First name |       |
| Family name |       |
| Estonian ID code (if available) |  | Date of birth |  |
| Address |  |
| Telephone |  | e-mail |  |
| Country where secondary education was completed |  |
| The last education institution the applicant graduated from |  |
| Graduation year |  | No of diploma |  |

**Autumn semester**

[ ]  As an external student, I wish to pass the following courses:

|  |  |  |
| --- | --- | --- |
|  Numerical course code | Course title and group (mark the group choice, if there are groups in the course) | Value (ECTS) |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | In total: |       |

[ ]  I wish to take my internship:

|  |  |
| --- | --- |
| Content description | Value (ECTS) |
|       |       |

[ ]  I wish to defend a thesis:

|  |  |
| --- | --- |
| Topic | Value (ECTS) |
|       |       |
|  Supervisor’s name (PhD studies):       | Signature.................... |

[ ]  I wish to take my final examination:

|  |  |
| --- | --- |
| Final examination | Value (ECTS) |
|       |       |

**Spring semester**

[ ]  As an external student, I wish to pass the following courses:

|  |  |  |
| --- | --- | --- |
|  Numerical course code | Course title and group (mark the group choice, if there are groups in the course) | Value (ECTS) |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | In total: |       |

[ ]  I wish to take an internship:

|  |  |
| --- | --- |
| Content description | Value (ECTS) |
|       |       |

[ ]  I wish to defend a thesis:

|  |  |
| --- | --- |
| Topic | Value (ECTS) |
|       |       |
|  Supervisor’s name ( PhD programme):       | Signature.................... |

[ ]  I wish to take my final examination:

|  |  |
| --- | --- |
| Final examination | Value (ECTS) |
|       |       |

………………………………...…..

*Applicant’s signature*