

Date and signature



SFI

APPLICATION TO SWEDISH FOR IMMIGRANTS

Personal identification number		Name
Telephone (daytime)	Mobile	Street address
E-mail address		Postcode and postal address

Applications to SFI in Upplands Väsby kommun must be made in consultation with a guidance counsellor for level placement and proof of identity must be enclosed. Incomplete applications will not be processed – Estimated turnaround time is 20 workdays.

Previous education/credentials

Arrival in Sweden year _____ month _____

From country _____

Native language: _____

Second language: _____

Total amount of years in education: _____

Years in Higher Education _____ degree: _____

Vocational training: _____

I have previously studied SFI on level _____ Enclose copy of grades if you studied in a different kommun!

Work experience: _____

Foreign gymnasium grades Statement by UHR-enclose copy! Sent UHR Informed

Foreign Higher Education/University equivalent grades Statement by UHR – enclose copy! Sent UHR
 Informed

Foreign vocational college education Statement by UHR-enclose copy! Sent UHR Informed

My current situation

Working Full-time Part-time

Unemployed Other: _____

Registered at the unemployment office in : _____

Individual study plan

Completed when applying for the first time or when changing study plan.

My final study goal – When I finished my studies at komvux I want to:

These are the courses I need to study at komvux to reach my final study goal:

Course name/course code

Course code/course name

Time plan – I expect to have completed my studies at komvux by date: _____

Requested language-practice YES NO

Requested vocational
branch: _____

I have been level placed and I completed this application in consultation with a guidance counsellor Yes NO

Name of guidance counsellor: _____

Signature – I assure that the provided information is correct

Date

Signature

This form along with copies of previous grades and proof of identity should be sent to:

Vuxenutbildningen
194 80 Upplands Väsby

(Alternatively it can be left in Infoteket Anton Tamms väg 1, floor 6)

Please Note! Incomplete applications will not be processed

The section below is not completed by the applicant.

Nivåplacering enl. sammantagen bedömning av nämnd studie och yrkesvägledare ovan

Studieväg	Startdatum	Studieform
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> Dag <input type="checkbox"/> Kväll <input type="checkbox"/> Distans <input type="checkbox"/> Helg
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> D		
Utbildningsanordnarens namn:		Var?

Intyg om etableringsplan från Arbetsförmedlingen

Bifogas ansökan

Kompletteras senare

Ifylles EJ av sökande - Yttrande från hemkommun

Hemkommunen åtar sig att erlägga interkommunal ersättning för sökt utbildning

Hemkommunen åtar sig EJ att erlägga interkommunal ersättning för sökt utbildning

Motivering

Datum

Namnförtydligande

Underskrift