



## Application form - Swedish for immigrants

First namn	Surname	National registration number <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality/home country	Native language	
Address	Area code and municipality	
Phone number	Name and phone number next of kin/relative	
E-mail	_____	
Earlier studies of Swedish for immigrants <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where of previous studies <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Grades: _____	If yes, where _____ Work profession _____ Number of school years in the home country <input type="checkbox"/> 0-6 year <input type="checkbox"/> 7-12 year <input type="checkbox"/> 13 + year Knowledge of other languages _____	
Goal with the studies _____		
On return to SFI, state special reasons for studying. What has changed? _____ _____		
Arrived in Sweden _____ Permanent residence permit <input type="checkbox"/> Yes If yes, what date _____		
Date _____ Signature _____	This square is to be filled out by staff at SFI	

**Fill in the application at**  
Navigatorcenter  
Nya Kyrkogatan 19  
0550-884 00

**Postal address**  
SFI  
37. Vuxenutbildningen  
681 84 Kristinehamn

**Telephone**  
0550-874 66 Administrator  
0550-874 08 Student counselor