



TRANSatlantic FORestry Master



TRANSFOR-M Applicant Questionnaire

Applicant Last Name _____

Applicant First Name _____

Date of Birth _____

Nationality _____

Gender _____

Telephone _____

E-Mail _____

Mailing Address _____

Study program at SLU _____

Institution for Bachelor's degree _____

(Please include additional degree and institutions attended in your CV)

Date of BSc's degree _____

Indicate English language test scores _____

(for example, IELTS or TOEFL, if applicable for non-native speakers)

Preferred Canadian University (ranking order 1-2)

1. _____

2. _____

To be filled in by the
SLU committee: