IB Diploma Programme Application Form

Katedralskolan in Uppsala, for DP1 (Swedish transfer student)

Personal Information

First Name:	
Last Name:	
Social Security Number: (YYYY-MM-DD-XXXX):	
Current City of Residence:	
Email Address:	
Phone number:	

Educational Background

Current School Attended	
Teaching language at school	
Contact Person at school (email)	
Contact Person at school (phone)	

Guardian Information (if under 18)

First Name:	
Last Name:	
Relationship to applicant:	
Email Address:	
Phone number:	

Will you be in need of student accommodation?

Yes ☐	**No** ☐

KATEDRALSKOLAN
GRUNDAD 1246

Reason for transfer:

Academic Records

Include in your application:

- A transcript of your fall term grades with the school stamp and signature on the form from school administration.

Declaration and Consent

I hereby declare that the information provided is true and accurate to the best of my knowledge. (Make a cross in the appropriate box).

Yes ☐	**No** ☐

Date of Application:	
Applicant's Signature:	
Guardian's Signature: (if applicant is under 18 years old)	

Send your application to: ib.katedralskolan.uppsala@gmail.com