# The Arctic Semester in Sisimiut Greenland

# Application form for the Spring 2026 semester January – June

# Please send the form attached by email to Head of Study,

# Asmus Skar, email: asska@dtu.dk

# DEADLINE 1 OCTOBER 2025

# Section 1

# Personal Data

**Full legal name,** as stated in your passport or birth certificate**:**

 First name Middle name Last/Family/Surname

**Country of citizenship**:

**Study ID number at DTU:**

Are you or have you previously been inscribed as a student at DTU? ⬜ YES ⬜ NO

If no, have you applied as an exchange student at DTU? ⬜ YES ⬜ NO

Please provide us with your 6 digit DTU Study ID number:

In case you have not received the Study ID number yet (exchange students) please notify (asska@dtu.dk) as soon as you receive the ID number.

DTU e-mail address for contact (if you do not have a DTU student e-mail yet provide another for contact):

**Section 2**

**Are you currently admitted to a study programme at DTU:** yes no

**If yes;** state study programme:

**If no;** state home university

Study programme:

specialisation:

and how many semesters you completed

**I want to participate in:**

Full semester

Part semester 1 **(**courses 30857, 41882 and 12856)

Part semester 2 **(**course 41881 or 12854)

Single course **(only** available for BEngArctic Civil Engineering and Space track of Nordic MSc in Cold Climate Engineering)

**For “full semester” and “Part semester 2” students, I choose the last course of the semester:**

41881: **Sustainable Building for Extreme Environments**

12854: **Infrastructure Constructions for the Arctic (default for Land track of Nordic MSc in Cold Climate Engineering)**

**For single course students, indicate course number(s):**

I am studying BEng Arctic Civil Engineering or Space track of Nordic MSc in Cold Climate Engineering and will only participate in the course number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other comments:**

**Confirmation**

I hereby confirm that I do not suffer from any serious diseases that require special treatment or medical attention and that I am physically and mentally capable to undertake the course of study at Arctic DTU campus Sisimiut, Greenland, with the additional stress of living and studying in a foreign environment.

I affirm that the information I have provided on this application, and any other information that I have submitted or will submit to the Technical University of Denmark in connection with the admission is complete and accurate. I also give my consent that the Technical University of Denmark can use photos and videos that I am appearing in for promotion of the semester on webpages, conferences, social media, etc.

I understand that I have to pay for my own ticket to/from Greenland (typically 8,000 DDK), pay for a dormitory room in Sisimiut provided by DTU (approx.1,000 DDK/month), pay a compulsory DTU insurance (approx. 250 DKK) prior to my arrival, apply for a Greenlandic residence permit (citizens of Nordic countries, i.e. Finland, Norway, Denmark, Sweden and Iceland exempted) or visa (non-EU) and cover all other cost involved in staying in Sisimiut and accept the invitation to an Inside group, where all further information about the semester will be given.

**Medical Statement Requirement**

In addition to the confirmation above, I understand that I must provide a doctor's statement verifying that I am physically and mentally fit to participate in outdoor activities in an extreme Arctic environment. This includes exposure to low temperatures (down to -30°C), high wind speeds, and physically demanding conditions.

The statement must include a description of any physical or medical conditions that could be of concern in such an environment, such as asthma, diabetes, or other relevant conditions. It should also specify any necessary precautions, including medication requirements, the need for rest periods, or exemptions from certain activities.

I acknowledge that this documentation is a prerequisite for participation in the semester and that failure to provide it may affect my eligibility.

Yes, I affirm the accuracy of this application information. 

Date: (DD/MM/YYYY)

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Signature