 

**LIFELONG LEARNING PROGRAMME / ERASMUS – ECTS**

(Photograph)

**STUDENT APPLICATION FORM**

# ACADEMIC YEAR: 20…/20…

**FIELD OF STUDY:…………………………………………………….**

This application should be completed in BLACK and BLOCK letters in order to be easily copied and/or telefaxed.

**SENDING INSTITUTION: Name and full address:**

Departmental coordinator – name, telephone and fax numbers, e-mail :

Institutional coordinator – name, telephone and fax numbers, e-mail :

# STUDENT’S PERSONAL DATA

**(to be completed by the student applying)**

**Permanent address (if different)**: …………

………………………………………………………

………………………………………………………

…………………………………………………….

………………………………………………………

**Tel**: ………………………………………………

**First name (s)**: …………………………………….

………………………………………………………

………………………………………………………

………………………………………………………

**Family name**: ……………………………………..

**Date of birth**: ……………………………………..

**Sex**: …M/F…. **Nationality**: …………………

**Place of birth**:……………………………………..

e-mail address:…………………………………….

**Current address**: …………………………………

………………………………………………………...

………………………………………………………...

…………………………………………………………

**Current address is valid until**: ………………

**Tel. no (incl. country code nr.)**: ……………..

**LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of**

**preference):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Country** | **Period of study** | **Duration of stay****(months)** | **No. of expected****ECTS credits** |
| **From** | **To** |
| 1.……………………………….………….…. | ……… | ………. | ……….. | ………… | ……………… |
| 2. ………………………………………….…. | ..……. | ……….. | ……….. | ………… | ……………… |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. ………………………………………….…. | ……… | ……….. | ……….. | ………… | ……………… |

**Name of student:** ……………………………………………………………………………………………………

**Sending institution** : **Country** :

**Briefly state the reasons why you wish to study abroad**:………………………...……………………

………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………

**LANGUAGE COMPETENCE**

**Note: A proof of knowledge of the receiving institution’s language of instruction should be submitted**

|  |
| --- |
| **Mother tongue**: …………………**Language of instruction at home institution (if different):** ………………. |
| **Other languages** | **I have sufficient knowledge to follow lectures** | **I need some extra preparation** |
| ……………………………………………………………………………………………………………………………..……………………………………….. | **YES** | **NO** | **YES** | **NO** |
| p p pp | p p pp | p p pp | p p pp |

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

|  |  |  |  |
| --- | --- | --- | --- |
| **Work experience / position**……………………………………………………………………………………… | **Firm /organization**……………………………………………….……………………………………………………………………………………………… | **Dates**……………………………………………………………… | **Country**………………...………………………………. |

# PREVIOUS AND CURRENT STUDY

**Diploma/degree for which you are currently studying**: ……………………………………………………

**Number of higher education study years prior to departure abroad**: …………………………………..

Have you already been studying abroad ? Yes p No p

**If Yes, when? at which institution ?** …………………………………………………………………………..

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.

**Student’s Signature**……………………………………………………………… **Date:**……………………..

**Date**: ………………………………….…………………………..

**Date**: ………………………………

………………………………………………………………………

…………………………………….. ……..

**RECEIVING INSTITUTION**

**We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records.**

**The above-mentioned student is** p **provisionally accepted at our institution**

p **not accepted at our institution Departmental coordinator’s signature Institutional coordinator’s signature**