

LIFELONG LEARNING PROGRAMME / ERASMUS – ECTS**STUDENT APPLICATION FORM**

(Photograph)

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 OF SENDING INSTITUTION: Full address: Faculty/Department: 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)

Family name: First Name: Date and place of birth: Sex: Male Female Nationality: Passport/Citizen Card n°.: Tel.(Home): Cellphone: E-mail: Current address: Valid until:

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.
Briefly state the reasons why you wish to study year:				
2.
Briefly state the reasons why you wish to study year:				
3.
Briefly state the reasons why you wish to study year:				

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: <input type="text"/>	Language of instruction at home institution (if different): <input type="text"/>			
Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	YES	NO	YES	NO

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Work experience / position	Firm / organization	Dates	Country

STUDENT

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?	No:	Yes. When?		Yes. At which institution?	
The attached <u>Transcript of records</u> 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:

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: provisionally accepted at our institution
 not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date:

STUDENT