

## STUDENT APPLICATION FORM

**(Photograph)**

**ACADEMIC YEAR 20.. /20..**

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

This application should be completed in **BLACK** in order to be easily copied, faxed or e-mailed.

**SENDING INSTITUTION**

Name and full address:.....  
 .....  
 Department coordinator - name, telephone, fax and e-mail .....  
 .....  
 Institutional coordinator - name, telephone, fax and e-mail .....  
 .....  
 .....

**STUDENT'S PERSONAL DATA**

*(to be completed by the student applying)*

Surname: .....	Name(s): .....
Date of birth:.....	
Sex: M <input type="checkbox"/> F <input type="checkbox"/> Nationality:.....	
Place of Birth:.....	
Current address:.....	Permanent address (if different): .....
.....	.....
.....	.....
Current address is valid until: .....	Tel.:.....
Tel.:.....	Fax:.....
Fax:.....	E-mail: .....
E-mail.....	

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

Institution	Country	Period of study		Duration of stay (months)	ECTS credits*
		from	to		
1. ....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....

\* Nr. of Expected ECTS credits

Name of student:.....  
 Sending institution:..... Country: .....

Briefly state the reasons why you wish to study abroad?  
 .....  
 .....  
 .....

### LANGUAGE COMPETENCE

Mother tongue: ..... Language of instruction at home institution (if different): .....

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	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  No   
 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 provided be at a later stage.**

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes  No

### 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		<input type="checkbox"/>	provisionally accepted at our institution
		<input type="checkbox"/>	not accepted at our institution
Departmental coordinator's		Institutional coordinator's	
Name:		Name:	
Signature.....		Signature.....	
Date: .....	Stamp	Date:.....	Stamp

Student's signature:.....	Date:.....
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