

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**STUDENT APPLICATION FORM (Photograph)**

# ACADEMIC YEAR 2020/2021

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

This application should be completed in **BLACK** and on computer and then print in order to be easily copied and/or faxed.

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| **SENDING INSTITUTION****Name and full address**: .................................................................……………………………………………………………………................................................................……………………………………………............................................Erasmus Code: ……………………………………………………………………………………………….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 applying student)*

|  |  |
| --- | --- |
| Family name: ………......................................…Date of birth: .…….…….................................…Sex: …….. ....Nationality:…………………..….Place of Birth: ....………................................….Current address: ..............................................…......................…………………….….................................................................…………………................................................…………………..Current address is valid until: .............................Tel.: ..................................................................... | First name (s): .....……….................................................E-mail: ………………………………………………….Permanent address (if different): ............................................................................................................................................................................................................................................................................................................................................................................................................Tel.: .................................................................................. |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Country | Period of studyfrom to | Duration of stay (months) | N° of expected ECTS credits |
| 1. ........................................2. ........................................3. ........................................ | ............................................................... | ....................................... | ................................. | ......................................................... | ......................................................................................................................... |

**LANGUAGE COMPETENCE**

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| --- |
| 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 |
| .............................................................................. | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience............................................................................................ | Firm/organisation.......................................................................................... | Dates.......................................................... | Country.............................................................................. |

**PREVIOUS AND CURRENT STUDY**

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| --- |
| 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 be provided at a later stage.** |

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

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| 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 🞏🞏Departmental Coordinator’s signature..............................................................................Date: .................................................................... | provisionally accepted at our institutionnot accepted at our institutionInstitutional Coordinator’s signature..........................................................................................Date :................................................................................ |