



STUDENT APPLICATION FORM

PHOTO

ACADEMIC YEAR: 20__/20__

FIELD OF STUDY: _____

TYPE OF MOBILITY: _____

FACULTY: _____

Semester 1

Semester 2

Full academic year

This application should be completed in **BLACK, BLOCK LETTERS** in order to be easily copied and/or faxed

SENDING INSTITUTION

Name and full address:

ERASMUS CODE:

Departmental coordinator - name, telephone, fax and e-mail

.....

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Institutional coordinator - name, telephone, fax and e-mail

STUDENT'S PERSONAL DATA

(Please fill in the data legibly and write the address to which we can send all further information)

Family name:	Permanent address (if different):
First name:
Date of birth:
Place of Birth:	Postcode and city:
Sex: Nationality:
Current address:	Tel.:
.....	Fax:
Postcode and city:	E-mail:
.....	
Current address is valid until:	

Briefly state the reasons why you wish to study abroad:

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RECEIVING INSTITUTION

Institution	Country	Period of study From To	Duration (months)	No of expected ECTS credits
.....

LANGUAGE COMPETENCE

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

Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	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"/>

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?

A Transcript of Records with full details of previous and current higher education should be included.

NB! Applications missing a Transcript of Records or Learning Agreement can not be processed.

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

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Date: Date:.....