**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**

**STUDENT APPLICATION FORM**

Photograph

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

**FIELD OF STUDY**:

Please fill in this form electronically and not by hand.

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| --- |
| **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)*

|  |  |
| --- | --- |
| **Family name:**      **Date of birth:** (dd/mm/yyyy)  /  /    **Gender:**      **Nationality:**      **Place of Birth:**      **Current address:**      **Current address is valid until:**      **Tel.:**      **Fax:**      **E-mail:**       | **First name (s):**      **Permanent address (if different):**      **Tel.:**      **Fax:**      **E-mail:**       |

**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.       |                 |   /    /    /   |   /    /    /   |        |        |

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| --- |
| **Name of student:**      **Sending institution:**      **Country:**       |

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| --- |
| Briefly state the reasons why you wish to study abroad.       |

**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**

|  |
| --- |
| 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: ............................................................................... |
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