**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 study  from to | | Duration of stay (months) | N° of expected ECTS credits |
| 1.  2.  3. |  | /    /    / | /    /    / |  |  |

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

|  |
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| 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 |
|  |  |  |  |  |  |  |

**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 |

|  |  |
| --- | --- |
| **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 institution  not accepted at our institution  Institutional coordinator’s signature  ................................................................................  Date: ............................................................................... |
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