**LIFELONG LEARNING PROGRAMME / ERASMUS+ ECTS**

(Photograph - scanned photo accepted)

**STUDENT APPLICATION FORM**

Academic year: 20\_\_\_/20\_\_\_

Field of study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form in black and block letters or electronically.

**SENDING INSTITUITION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Institution**: | | | |
| **Full Address of**  **Institution**: | |  | |
| **Erasmus code**: | | | |
| **Title:** | **Departmental Coordinator** | | **Institutional Coordinator** |
| **Name:** |  | |  |
| **Email:** |  | |  |
| **Telephone:** | + | | + |
| **Fax:** | + | | + |

**STUDENT PERSONAL DATA (to be completed by applicant)**

|  |  |
| --- | --- |
| **Family name**: | **First name(s)**: |
| **Date of Birth**: | **Place of Birth**: |
| **Nationality**: | **Sex: M F** |
| **Email**: | |
| **Telephone**: + |  |
| **Current Address**: | **Permanent Address if different**: |
|  |  |
|  |  |
|  |  |
|  |  |
| **Current Address is valid until**: | |

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

**LANGUAGE COMPETENCE**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mother tongue:** | **Language of instruction at home institution (if different):** | | | |
| **Other languages:** | **I have sufficient knowledge to follow lectures** | | **I need some extra preparation** | |
|  | **YES** | **NO** | **YES** | **NO** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Work experience/ position** | **Firm/Organisation** | **Dates** | **Country** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| **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 and 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.** |

|  |
| --- |
| **Student’s signature………………………………………. Date: ………………………..** |
| **RECEIVING INSTITUITION** |
| ***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**  **…………………………………………….. …………………………………………….**  **Date: Date:** |