



ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 20..../20....

FIELD OF STUDY:

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION

Name and full address:

Department coordinator - name, telephone and telefax numbers, e-mail box

Institutional coordinator - name, telephone and telefax numbers, e-mail box

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: First name (s):
Date of birth:
Sex: Nationality:
Place of Birth:
Current address (Street/City/ Zip Code/Nation) Permanent address (if different):
Current address is valid until: Tel.:
Tel.: e-mail:
Mobile phone:

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

Table with 5 columns: Institution, Country, Period of study (from to), Duration of stay (months), N° of expected ECTS credits. Rows 1, 2, 3.

Name of student:

Sending institution: Country:

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
.....	<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"/>
.....	<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 ?

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will provided be at a later stage.

Erasmus Coordinator's name and signature:.....

.....Date:.....

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

.....

Date: Date :