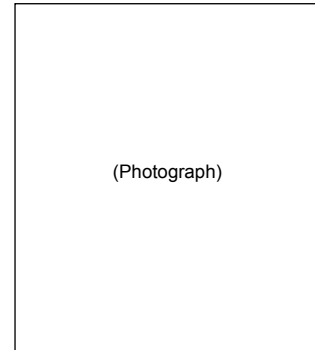


LIFELONG LEARNING PROGRAMME / ERASMUS - ECTS
STUDENT APPLICATION FORM



Academic year / Field of study:

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

SENDING INSTITUTION

Name:		Full Address:	
Departmental coordinator		Institutional coordinator	
Name:	Telephone:	Name:	Telephone:
Fax:	E-mail:	Fax:	E-mail:

STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name:	First name (s):
Date of birth:	Place of birth:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Current address:	E-mail address:
Current address is valid until:	Permanent address: (if different)
Tel. nº (incl. country code nr.):	Tel. nº (incl. country code nr.):

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

	Institution	Country	Period of study		Duration of stay (months)	Number of expected ECTS credits
			From	To		
1
2
3
4

LIFELONG LEARNING PROGRAMME / ERASMUS - ECTS
STUDENT APPLICATION FORM

Name of student:

Sending institution: **Country:**

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
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Work experience/position	Firm / Organization	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.

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: Date:	Institutional coordinator's signature: Date:
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