



Erasmus+

ERASMUS + ECTS STUDENT'S APPLICATION FORM

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

ACADEMIC YEAR 20 /20

1st semestre ☐ 2nd semestre ☐

(Photograph)

FIELD OF STUDY:

DEGREE PROGRAM: Professional Bachelor/Bachelor/Master/PhD

SENDING INSTITUTION

Name and full address: Technical University of Sofia, 8, Kliment Ohridski, Blvd. 1000 Sofia, Bulgaria

Department coordinator - names,.....

phone and telefax numbers, e-mail box:.....

Institutional coordinator - names, Prof. Eng. T. Tashev, PhD, Institutional coordinator

phone and telefax numbers, e-mail box: +359 2 965 2324, E-mail: t_tashev@tu-sofia.bg

STUDENT'S PERSONAL DATA

(to be completed by the applying student)

Family name:	First name(s):
Date of birth:	Place of Birth:
Sex: Nationality:.....	Pasport number:
Current address:	Permanent address (if different):
.....
Current address is valid until:
Tel.:	Tel.:

LANGUAGE COMPETENCE of the student: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐ (to be completed by the student)

(Please tick the appropriate level)

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"/>

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:

Number of higher education study years prior to departure abroad:

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.

SENDING INSTITUTION

We hereby acknowledge sending of the application, the proposed learning agreement and the applicant'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:

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the applicant'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: