

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM

ACADEMIC YEAR 2...../2.....

FIELD OF STUDY:

SENDING INSTITUTION

Name and full address:

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

NAME:

TEL:

FAX:

E-MAIL:

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

NAME:

TEL:

FAX:

E-MAIL:

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name:

First name (s):

Date of birth:

Sex: Nationality:

Permanent address (if different):

Place of Birth:

Current address:

Current address is valid until:

Tel.:

Tel.:

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:

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
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<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
1.			
2.			
3.			

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.

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 ☐ provisionally accepted at our institution
☐ not accepted at our institution

Program coordinator's signature

Institutional coordinator's signature

.....
Date:

.....
Date: