Escola Tècnica Superior d'Enginyeries Industrial i Aeronàutica de Terrassa
UNIVERSITAT POLITÈCNICA DE CATALUNYA

LLP ERASMUS PROGRAMME 20____/____

STUDENT APPLICATION FORM
ECTS…EUROPEAN CREDIT TRANFER SYSTEM
LEARNING AGREEMENT

ACADEMIC YEAR: 20____/____

FIELD OF STUDY: _____

1.- SENDING INSTITUTION

Name:
Address:
Contact Person:
E-mail:
Telephone :
Fax :

2.- RECEIVING INSTITUTION

Name:	Escola Tècnica Superior d'Enginyeries Industrial i Aeronàutica de Terrassa (ETSEIAT) Universitat Politécnica de Catalunya
Address :	C. Colom, 11 Código Postal: 08222 – Terrassa (Spain - E)
Contact Person:	Prof. Miquel Casals
E-mail:	mobilitat.etseiat@upc.edu
Telephone:	34 93 739 80 75 / 81 98
Fax:	34 93 739 87 84 / 81 01

3.- STUDENTS INFORMATION

3.1.- Family name

Forenames (in full)

3.2.- Personal details

Sex (M/F): **Date of birth:**
Country of birth: **Nationality:**
Passport Number:
Country of domicile or permanent residence:

3.3.- Address

Permanent address

Address for correspondence if different

Telephone:	**Telephone:**
E-mail:	**E-mail:**

3.4.- Proposed study period (please tick appropriate)

September - January ☐
February - July ☐

3.5.- Proposed programme of study

4.- MOTIVATION FOR COMING TO ETSEIAT

5.- TRANSCRIPT OF RECORDS

6.- NAME AND CONTACT ADDRESS OF LLP ERASMUS TUTOR

Home Institution	**University of destination**
Name:	**Name:**
E-mail:	**E-mail:**

7.- ACCOMODATION

Please find accommodation for me in:

University Residence:	**Private Flat:**
Yes ☐	Yes ☐

8.- LLP ERASMUS Responsible at home University

I nominate Ms. Mr. _____ as LLP Erasmus student selected to go to your University ETSEIAT (UPC) under our bilateral agreement for the Academic Year 20____ /____.

I confirm that the student's level of Spanish is good enough to follow lectures.

9.- RESULTS SHOULD BE SENT TO THE FOLLOWING ADDRESS

Name:
Address:
Fax:
E-mail:

10.- DECLARATION

I declare that the information given above is true.

LLP Erasmus Coordinator's Name:

Signature : Stamp:

Place: Date :