



UNIVERSIDAD DE NAVARRA  
ESCUELA SUPERIOR DE INGENIEROS-TECNUN

APPLICATION FORM FOR EXCHANGE STUDENTS

ACADEMIC YEAR: 2011/12

FIELD OF STUDY: Industrial (Mechanical) Engineering

PASTE  
YOUR  
PHOTO  
HERE

#### RECEIVING INSTITUTION

**Name and full address:**

UNIVERSIDAD DE NAVARRA. ESCUELA SUPERIOR DE INGENIEROS – TECNUN  
PASEO MANUEL LARDIZÁBAL, 13 ; 20.018 SAN SEBASTIÁN (SPAIN)

**Departmental coordinator – name, telephone and fax numbers, e-mail:**

ESTIBALIZ OLIVA HERREROS

**Tel.:** +34 943 219 877      **Fax:** +34 943 311 442      **E-mail:** [irs@tecnun.es](mailto:irs@tecnun.es)

**Institutional coordinator – name, telephone and fax numbers, e-mail:**

JAVIER GANUZA CANALS

**Tel.:** +34 943 219 877      **Fax:** +34 943 311 442      **E-mail:** [jganuza@tecnun.es](mailto:jganuza@tecnun.es)

#### SENDING INSTITUTION

**Name and full address:**

**Departmental coordinator:**

**Name:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Institutional coordinator:**

**Name:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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

**Family name:**

**First name(s):**

**Date of birth (dd/mm/yyyy):**

**Place of birth:**

**Nationality:**

**Passport No.:**

**Sex:** female

**Current address (if different):**

**Permanent address:**

**Current address is valid until:**

**Tel.:**

**Tel.:**

**E-mail:**

Family name:

First Name(s):

Sending Institution:

Country:

#### PROPOSED STUDIES AT UNIVERSITY OF NAVARRA - TECNUN

☐ I wish to take courses.

☐ I wish to do a project work/thesis. I have enclosed a description of the field of the proposed project.

Intended period of stay: ☐ 1<sup>st</sup> Semester ☐ 2<sup>nd</sup> Semester

#### 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.

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
Spanish	<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"/>
	<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
		-	
		-	
		-	

#### MOBILITY GRANT

Do you apply for a mobility grant to assist towards the additional costs of your study period abroad? YES ☐ NO ☐

Family name:

First Name(s):

SENDING INSTITUTION:

COUNTRY:

#### BUDDY

Would you like to have a Buddy (a student from TECNUN who helps you during your ERASMUS period in San Sebastian)? ☐ Yes ☐ No

#### EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Telephone No.:

Address:

Do you have any medical or physical condition, or information (food/drug allergies, prescription medication, etc.) that University of Navarra – TECNUN should be aware of in case of emergency? ☐ Yes ☐ No

If yes, please specify:

#### PLEASE CHECK THAT YOU HAVE ENCLOSED THE FOLLOWING DOCUMENTS:

- ☐ 2 Photographs. 1 pasted in the 1<sup>st</sup> page (both good quality).
- ☐ Passport: scanned and sent to [irs@tecnun.es](mailto:irs@tecnun.es) (good quality).
- ☐ Photocopy of the European Health Insurance Card or similar
- ☐ Curriculum Vitae
- ☐ Motivation letter
- ☐ Transcript of the records attained so far at the home institution
- ☐ Additional information (if any):

#### RECEIVING INSTITUTION

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: .....