

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 2009/2010

FIELD OF STUDY:

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

SENDING INSTITUTION, FACULTY

Name and full address:

Tutor - name, telephone and telefax numbers, e-mail box

Dean - name, telephone and telefax numbers, e-mail box

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: First name (s):

Date of birth:

Sex: Nationality:

Place of Birth:

Current address:

Permanent address (if different):

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 credits (hours)
1.
2.
3.

Name of student:

Sending institution, Faculty:	Country:
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Briefly state the reasons why you wish to study abroad ? <div style="border-bottom: 1px dotted black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px dotted black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px dotted black; height: 1.2em; width: 100%;"></div>
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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
.....	<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
.....
.....

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 <input type="checkbox"/> No <input type="checkbox"/> If Yes, when ? at which institution ?
The attached <u>Transcript of records</u> 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.

Do you wish to apply for an ERASMUS mobility grant to assist towards the additional costs of your study period abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>
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RECEIVING INSTITUTION, Department: <div style="border-bottom: 1px dotted black; height: 1.2em; width: 100%;"></div> <div style="border-bottom: 1px dotted black; height: 1.2em; width: 100%;"></div>
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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

Tutor's signature

Dean's signature

.....
Date:

.....
Date :.....