

## ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM STUDENT APPLICATION FORM

(Photograph)

**ACADEMIC YEAR 20.. /20..**

**FIELD OF STUDY:** .....

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed.

### SENDING INSTITUTION

Name and full address: .....

.....

Department coordinator - name, telephone, fax and e-mail .....

.....

Institutional coordinator - name, telephone, fax and e-mail .....

.....

### STUDENT'S PERSONAL DATA

*(to be completed by the student applying)*

Surname: .....

Name(s): .....

Date of birth: .....

Sex: M ☐ F ☐ Nationality: .....

Place of Birth: .....

Current address: .....

Permanent address (if different): .....

.....

.....

.....

.....

.....

.....

Current address is valid until: .....

.....

Tel.: .....

Tel.: .....

Fax: .....

Fax: .....

E-mail: .....

E-mail: .....

### LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

Institution	Country	Period of study		Duration of stay (months)	ECTS credits*
		from	to		
1. ....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....

\* Nr. of Expected ECTS credits

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
.....	<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 ☐ 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.**

### 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

Departmental coordinator's

Name:

Signature.....

Date: ..... Stamp

Institutional coordinator's

Name:

Signature.....

Date:..... Stamp

Student's signature:..... Date:.....