

**LLP / ERASMUS
STUDENT APPLICATION FORM
for academic year 2013-2014**

STUDENT'S PERSONAL DATA

Last (Family) name (s): _____

First name (s): _____

(Photograph)

Gender: _____

(Male, Female)

Date of birth: _____ Place of birth: _____ Citizenship: _____

LANGUAGE COMPETENCE

Knowledge of languages:

Language: _____ Knowledge: _____
(some, reasonably good, very good, fluent)

Language: _____ Knowledge: _____
(some, reasonably good, very good, fluent)

Language: _____ Knowledge: _____
(some, reasonably good, very good, fluent)

Language: _____ Knowledge: _____
(some, reasonably good, very good, fluent)

Language: _____ Knowledge: _____

**POSTAL ADDRESS (IN CASE OF ACCEPTANCE WE WILL SEND YOU THE NECESSARY
DOCUMENTS TO THIS ADDRESS):**

ZIP: _____

City: _____

Country: _____

Phone number (country code, area code, number): _____

E-mail: _____

Field of study: _____
(Please use the Erasmus Subject Area Codes)

Diploma/degree for which you are currently studying:

First degree Bologna Study Programme, Second degree Bologna Study Programme

(underline the correct answer)

Number of higher education academic years prior to departure abroad _____

If you have studied abroad before, tell us where:

HOME UNIVERSITY DATA

Erasmus code: _____

University:

Name: _____

City: _____

Country: _____

Faculty/department:

Name: _____

Address: _____

Fax: _____

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

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

HOST UNIVERSITY DATA

STUDY PERIOD

Please check the Academic Calendar of the Environmental Protection College before filling in this part (see Information Package 2013/2014)!

Period of study applied for: _____
(Winter Semester, Summer Semester, One Study Year)

For 'other': From (date): _____ to (date): _____
(dd/mm/yy) (dd/mm/yy)

Duration of stay (months): _____

Briefly state the reasons why you wish to study abroad?

If, you are unable to study at the host institution due to an emergency, please inform the International Relations Office:

Visoka šola za varstvo okolja
Trg mladosti 2, 3320 Velenje, Slovenia
E-mail: andrejka.mevc@vsvo.si, info@vsvo.si
Phone: +386 3 898 64 15, Fax: +386 3 898 64 13

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

Erasmus / ECTS coordinator's signature

Institutional coordinator's signature

mag. Andrejka Mevc

mag. Milena Pečovnik

Date: _____

Date: _____