



Escola Tècnica Superior d'Enginyeries
Industrial i Aeronàutica de Terrassa

UNIVERSITAT POLITÈCNICA DE CATALUNYA



LLP ERASMUS PROGRAMME 20____/____

**STUDENT APPLICATION FORM
ECTS...EUROPEAN CREDIT TRANSFER 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 Politècnica 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):
Country of birth:
Passport Number:
Country of domicile or permanent residence:

Date of birth:
Nationality:

3.3.- Address

Permanent address

Address for correspondence if different

Telephone:

E-mail:

Telephone:

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 :