**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 applying student*)**

|  |  |
| --- | --- |
| Surname:  | First Name: |
| Date of birth (dd/mm/yyyy): | Sex: Female [ ]  Male [ ]   |
| Nationality: | Place of birth: |
| Current address:Address valid until: (dd/mm/yyyy)Tel: Fax: E-mail:  | Permanent address (if different):Tel: Fax: E-mail:  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Country | Period of study | length of Stay(months) | No. of ECTS credits expected |
| From(dd/mm/yyyy) | To(dd/mm/yyyy) |
| 1.  |  |  |  |  |  |
| 2.  |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

|  |
| --- |
| Name of Student: Sending institution: (*your university name*)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 |
| 1. English | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of work experience | Company / Organisation | From(day/month/year) | To(day/month/year) | Country |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| 4.  |  |  |  |  |

**PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| Diploma/Degree for which you are currently studying: [ ]  Bachelor’s [ ]  Master’s DegreeNumber of study years at higher education level prior to departure:  |
| Have you already studied abroad? | Yes [ ]  | No [ ]  |
| If yes, at which institution? |  |
| When? | From | To |
| (dd/mm/yyyy) | (dd/mm/yyyy) |
| **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.** |

|  |
| --- |
| Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? |
| Yes [ ]  | No [ ]  |

**RECEIVING INSTITUTION**

|  |
| --- |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s transcript of records. |
| The above named student is: | [ ]  Provisionally accepted at our institution |
| [ ]  Not accepted at our institution |
| Departmental Coordinator’s signature……………………………………………….Date:  | Institutional Coordinator’s signature………………………………………………..Date:  |