

(Photograph)

# STUDENT APPLICATION FORM

**ACADEMIC YEAR: 2007/2008**

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

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

**SENDING INSTITUTION**

Name and full address: .....

.....

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

.....

.....

Institutional coordinator – name, telephone and fax 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: .....

.....

email ..... Tel: .....

**LIST OF INSTITUTIONS WHICH RECEIVE THIS APPLICATION FORM (in order to preference):**

|   | Institution | Country | Period of stay |       | Duration of stay (months) | No. of expected ECTS credits |
|---|-------------|---------|----------------|-------|---------------------------|------------------------------|
|   |             |         | from           | to    |                           |                              |
| 1 | .....       | .....   | .....          | ..... | .....                     | .....                        |
| 2 | .....       | .....   | .....          | ..... | .....                     | .....                        |
| 3 | .....       | .....   | .....          | ..... | .....                     | .....                        |

Name of student: \_\_\_\_\_  
 Sending institution: \_\_\_\_\_  
 Country: \_\_\_\_\_

Briefly state the reasons why you wish to study abroad?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LANGUAGUE COMPETENCE**

Mother tongue: \_\_\_\_\_ Language of institution at home institution (if different): \_\_\_\_\_

| Other languages | I am current 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 / organization | 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**

Do you wish to apply for a mobility grant to assist the additional cost 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 mentioned student is  provisionally accepted at our institution  
 not accepted at our institution

Departmental coordinator's signature \_\_\_\_\_ Institutional coordinator's signature \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_