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| *(Photo)* |

**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR** 2023/2024

**FIELD OF STUDY** ………………………………………….

This application should be completed in BLACK and BLOCK letters in order to be easily copied.

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| **SENDING INSTITUTION** *(name and full address)* |
| Departmental Coordinator - name, telephone and fax number number, e-mail  …………………………………………………………………………………………………………  …………………………………………………………………………………………………………  …………………………………………………………………………………………………………  Erasmus coordinator – name, telephone and fax number, e-mail:  ……..…………………………………………………………………………………………………  ………………………………………………………………………………………………………… |

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| **STUDENT’S PERSONAL DATA** (capital letters) |
| Family name:..........................................................................................................................................  First name (s): .......................................................................................................................................  Date of birth: .............................................. Place of birth...........................................…………  Sex: Male 🞏 Female 🞏  Nationality: ...........................................................................................................................................  Current address: ....................................................................................................................................  Current address valid until:……………………………………………………………………………  Permanent address (if different):………………………………………………………………………  Tel. ..........................................................email:.....................................................................................  Contact person at home (e.g parents):…………………………………………………………….….. ………………………………………………………….…..………………………………………… |

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| Briefly state the resons why you wish to study abroad  ................................................................................................................................................................  ................................................................................................................................................................  ................................................................................................................................................................  ................................................................................................................................................................  ................................................................................................................................................................ |

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| **LIST OF INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference)** | | | | | |
| Institution | Country | Period of study  from to | | Duration of stay (months) | Number of expected ECTS credits |
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| **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 lecturers | | I need some extra preparation | |
| Yes | No | Yes | No | Yes | No |
| English |  |  |  |  |  |  |
| …………………………. |  |  |  |  |  |  |

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| **PREVIOUS AND CURRENT STUDIES** |
| 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 studies. Details not known at the time of application will be provided at a later stage. |

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| Student’s signature ................................................................ Date ............................................ |

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| **WORK EXPERIENCE RELATED TO CURRENT STUDIES** | | | |
| Type of work experience | Organisation | Dates | Country |
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| Do you wish to apply for a mobility grant to assist towards the costs of your study period abroad  Yes 🞏 No 🞏 |

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| **RECEIVING INSTITUTION** |
| We hereby acknowlege reception of the Application for the proposed Learning Agreement and the Transcript of Records  The above- mentioned student is:  🞏 Provisionally accepted at our institution  🞏 Not accepted at our institution  Departmental Coordinator’s signature Erasmus Coordinator’s signature  .............................................................. ...........................................................  Date Date |

Enclosures:

* CV
* Transcript of Records/ List of all courses passed at sending university