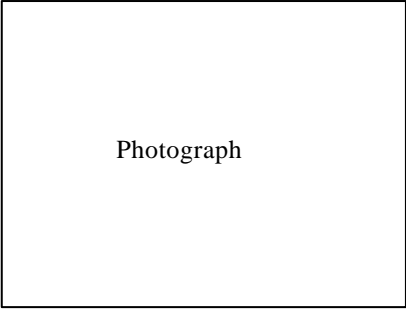


ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM

ACADEMIC YEAR 200_ /200_

FIELD OF STUDY :



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

SENDING INSTITUTION

Name and full address :

Departmental co-ordinator - name, telephone and telefax numbers, e-mail box :

Institutional co-ordinator-name, telephone and telefax numbers, e-mail box :

STUDENTS 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. :	Tel. :
e-mail :	

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

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

Name of student :
 Sending institution :
 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
	<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/organisation	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.

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 co-ordinator's signature Institutional co-ordinator's signature

Date Date

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LEARNING AGREEMENT

ACADEMIC YEAR 200_/200_ - FIELD OF STUDY :

Name of student :	
Sending institution :	Country :

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution :	Country :
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Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits

If necessary, continue this list on a separate sheet

Student's signature	Date :
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SENDING INSTITUTION We confirm that this proposed programme of study/learning agreement is approved.	
Departmental co-ordinator's signature	Institutional co-ordinator's signature
Date :	Date :

RECEIVING INSTITUTION We confirm that this proposed programme of study/learning agreement is approved.	
Departmental co-ordinator's signature	Institutional co-ordinator's signature
Date :	Date :