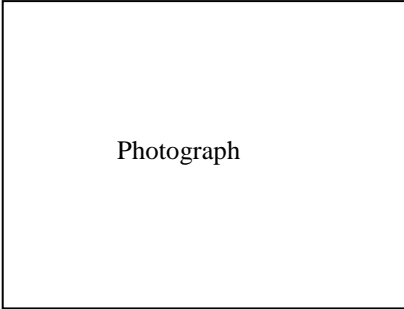


ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

# STUDENT APPLICATION FORM

ACADEMIC YEAR 20\_\_ /20\_\_

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 \_\_\_\_\_

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**LEARNING AGREEMENT**

ACADEMIC YEAR 20\_\_/20\_\_ - 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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<b>Course unit code (if any) and page no. of the information package</b>	<b>Course unit title (as indicated in the information package)</b>	<b>Number of ECTS credits</b>

If necessary, continue this list on a separate sheet

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

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