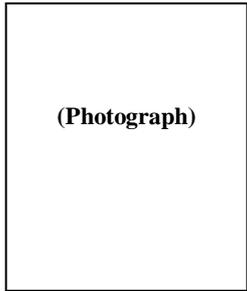


STUDENT APPLICATION FORM



ACADEMIC YEAR 2010/2011

FIELD OF STUDY: _____ **(subject area: _____)**

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

SENDING INSTITUTION

Name			
Full address			
Department coordinator	Name		
	Telephone		Fax
	E-mail		
Institution coordinator	Name		
	Telephone		Fax
	E-mail		

STUDENT'S PERSONAL DATA *(to be completed by the student applying)*

Family name (surname)			
First name (given name)			
Sex	<input type="checkbox"/> male	<input type="checkbox"/> female	
Current nationality			
Place of birth (country, town)			
Date of birth (dd/mm/yy)			
Current address			
	Valid until		
	Telephone		
Permanent address (if different)			
	Telephone		
E-mail			

LIST OF INSTITUTIONS, WHICH WILL RECEIVE THIS APPLICATION FORM

(In order of preference):

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		From	To		

Briefly state the reasons why you wish to study abroad?

.....

.....

.....

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?

Yes No

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?	If Yes, when? At which institution?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

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.

Student's signature	Date:
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SENDING INSTITUTION

Departmental coordinator's signature	Institutional coordinator's signature
_____	_____
Date:	Date:

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:	<input type="checkbox"/> Provisionally accepted at our institution
	<input type="checkbox"/> Not accepted at our institution

Departmental coordinator's signature	Institutional coordinator's signature
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