



Lifelong Learning Programme



LIFELONG LEARNING PROGRAMME / ERASMUS – ECTS

STUDENT APPLICATION FORM

ACADEMIC YEAR: 20.../20...

FIELD OF STUDY:.....

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

SENDING INSTITUTION: Name and full address: _____ _____ _____
Departmental coordinator – name, telephone and fax numbers, e-mail : _____
Institutional coordinator – name, telephone and fax numbers, e-mail : _____

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

Family name:	First name (s):
Date of birth:	Place of birth:
Sex: ...M/F... Nationality:	e-mail address:
Current address:	Permanent address (if different):
.....
.....
Current address is valid until:	
Tel. no (incl. country code nr.):	Tel:

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

Institution	Country	Period of study		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:.....

.....

.....

LANGUAGE COMPETENCE

Note: A proof of knowledge of the receiving institution’s language of instruction should be submitted

Mother tongue:		Language of instruction at home institution (if different):		
Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	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"/>
.....				

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Work experience / position	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.

Student’s Signature.....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 provisionally accepted at our institution

not accepted at our institution

Departmental coordinator’s signature Institutional coordinator’s signature

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Date: Date: