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|  | **ERASMUS+ PROGRAM****INCOMING STUDENT APPLICATION FORM** |

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| **ACADEMIC YEAR** |  | **FIELD OF STUDY** |  |

*This application should be completed in* ***BLACK*** *in order to be easily copied, faxed or e-mailed. Do not use handwriting*

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| **SENDING INSTITUTION:** |  |
| **Institutional Coordinator:** |  |
| **Tel.:**  |   | **E-mail:** |
| **STUDENT’S PERSONAL DATA: (***to be completed by the applicant)* |
| **Family Name:** |  | **First Name(s):** |  |
| **Date of Birth:** |  | **Sex:** |  **M (….), F (…..)** |
| **Place of Birth:** |  | **Nationality:** |  |
| **Current Address:** |  | **Permanent Address****(if different):** |  |
| **Current Address is valid until:** |  |
| **Tel.:**  |  **Fax: +**  | **E-mail:**  |
| **INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):** |
| **INSTITUTION** | **COUNTRY****CODE** | **PERIOD OF STUDY**  | **DURATION OF STAY (months)** | **No. OF EXPECTED ECTS CREDITS**  |
| **from**  | **to** |
|  |  |  |  |  |  |
| **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** |
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|  |
| **WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)** |
| **Type of work experience** | **Firm/organisation** | **Dates** | **Country** |
|  |  |  |  |
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|  |  |  |  |
| **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****Date:** | **Institutional coordinator’s signature****Date: Stamp:** |