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

|  |  |  |  |
| --- | --- | --- | --- |
| **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*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  | | | |  | |  | | | | |  | | | |  | | |  |
|  |  | | | |  | |  | | | | |  | | | |  | | |  |
|  |  | | | |  | |  | | | | |  | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **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. (….) | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | |