



Education and Culture DG

Lifelong Learning Programme

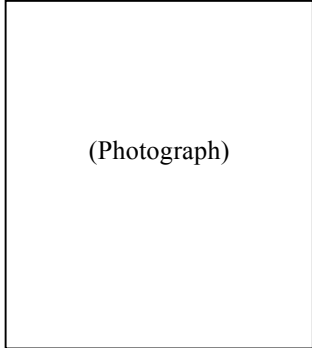


## LIFELONG LEARNING PROGRAMME / ERASMUS – ECTS

# 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: .....  
 Sex: ...M/F.... Nationality: .....

Place of birth: .....

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. ....	.....	.....	.....	.....	.....
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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

.....

.....

Date: .....

Date: .....