#### Academic Year 2017 - 2018

### **APPLICATION FORM**

**(Photograph)**

**FIELD OF STUDY**: .........................................................

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

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| **SENDING INSTITUTION**  Name and full address: ......................................................................................................................................  ...........................................................................................................................................................................  Departmental (Project) coordinator - name, telephone and telefax numbers, e-mail box ...........................................................................................................................................................................  ...........................................................................................................................................................................  Institutional coordinator - name, telephone and telefax numbers, e-mail box ..................................................  ........................................................................................................................................................................... |
| **RECEIVING INSTITUTION**  Name and full address: ......................................................................................................................................  ...........................................................................................................................................................................  Departmental (Project) coordinator - name, telephone and telefax numbers, e-mail box ...........................................................................................................................................................................  ...........................................................................................................................................................................  Institutional coordinator - name, telephone and telefax numbers, e-mail box ..................................................  ........................................................................................................................................................................... |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................................  Date of birth: .......................................................  Sex: ...............Nationality:...................................  Place of Birth: .....................................................  Current address: ..................................................  .............................................................................  .............................................................................  Tel.: ..................................................................... | First name (s): .................................................................  Email address : ...............................................................  .........................................................................................  Passport N° : ...................................................................  Valid until : ..................................................................... |

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| --- |
| 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 provided be at a later stage.** | |
|  | |
| **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 🞏  🞏  Departmental (Project) coordinator’s signature  .............................................................................  Date: .................................................................... | accepted at our institution  not accepted at our institution  Institutional coordinator’s signature  .........................................................................................  Date :................................................................................ |
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