ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM

ACADEMIC YEAR 200../200..

Photo

FIELD OF STUDY:								
This application should be completed in BLACK in order to be easily copied and/or telefaxed.								
SENDING INSTITUTIO Name and full address:								
Department coordinator - name, telephone and telefax numbers, e-mail box								
Institutional coordinator, name talenhous and talefay numbers a mail how								
Institutional coordinator - name, telephone and telefax numbers, e-mail box								
STUDENT'S PERSONA (to be completed by the stu								
1	Family name: First name (s):							
Sex:Nationality:	Pate of birth:							
Current address:								
Current address is valid un Tel.:	til:							
LIST OF INSTITUTION preference):	S WHICH WIL	L RECEIVE THIS	APPLICATION	N FORM (in order of				
Institution 1.	Country	Period of study from to	Duration of stay (months)	N° of expected ECTS credits				
2								
3								
Name of student:								
Name of student: Sending institution: Country:								
Briefly state the reasons w	hy you wish to stu	idy 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/org		ganisa	isation Da		tes	Country				
PREVIOUS AND CURRENT STUDY										
Diploma/degree for which you are currently studying:										
				•						
RECEIVING INS	TITUTION	N								
We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.										
	mentioned student is									
Departmental coordinator's signature Institutional coordinator's signature										
Date:			Date:							