

ANNEXES

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 20.. / 20..

FIELD OF STUDY:

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

SENDING INSTITUTION

Name and full address:

.....

.....

Department coordinator - name, telephone, fax and e-mail

.....

.....

.....

Institutional coordinator - name, telephone, fax and e-mail

.....

.....

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name:

.....

First name (s):

.....

Date of birth: .

.....

Sex:

.....Nationality:.....

Place of Birth:

.....

Current address:

.....

.....

.....

.....

.....

.....

Current address is valid until:

.....

Tel.:

.....

Fax:

.....

E-mail:

.....

Tel.:

.....

Fax:

.....

E-mail:

.....

ANNEXES

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM

(in order of preference):

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		
1.....

Name of student:

.....

Sending institution:

..... Country:

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
.....	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country
.....
.....
.....
.....

ANNEXES

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.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes No

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:

.....

ANNEXES

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR 20.. / 20..
FIELD OF STUDY:

Name of student: Sending institution: Country:
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DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: Country:

Course unit code (if any) and page no of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
.....
.....
.....
.....
.....

if necessary, continue the list on a separate sheet

Student's signature Date:
--

SENDING INSTITUTION	
We confirm that the proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature	Institutional coordinator's signature
.....
Date:	Date:
.....

ANNEXES

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

.....

.....

Name of student:

.....

Sending institution:

.....

..... Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	

if necessary, continue this list on a separate sheet

Student's signature

..... Date:

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

.....

.....

ANNEXES

RECEIVING INSTITUTION

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

.....

.....

ANNEXES

TRANSCRIPT OF RECORDS

NAME OF SENDING INSTITUTION: Faculty/Department of ECTS departmental coordinator: Tel.: Fax: e-mail:
NAME OF STUDENT: First name: Date and place of birth: (sex) : Matriculation date: Matriculation number:
NAME OF RECEIVING INSTITUTION: Faculty/Department of ECTS departmental coordinator: Tel.: Fax: e-mail:

Course Unit code (1)	Title of the course unit	Duration of course unit (2)	Local grade (3)	ECTS grade (4)	ECTS credits (5)
.....	.....to be continued	.....	.....	.....	.....
.....	on a separate sheet	.....	.....	.....	Total: .