



(Photograph)

STUDENT APPLICATION FORM

ACADEMIC YEAR 2008-2009

FIELD OF STUDY :

This application should be completed in BLACK.

STUDENT'S PERSONAL DATA :

(To be completed by the student applying)

Family name :	Contact Address :...
First name :	before April 30.....
Date of Birth	after June (if your adress has changed).....
SexNationality.....
Place of Birth.....	Tel. :
	Email :

SENDING INSTITUTION

Name and full address of home institution :
Name of professor or tutor responsible for your exchange program :
Telephone and telefax numbers, e-mail :

DURATION OF STUDY :

Period of Study : From.....To.....	Duration of stay in months :
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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 ?			
.....			

RECEIVING INSTITUTION :

We hereby acknowledge the receipt of the application form and proposed learning agreement	
The above mentioned student is :	
<input type="checkbox"/> Provisionally accepted at this institution <input type="checkbox"/> Not accepted at this Institution	
Department Coordinator's signature :	Institutional Coordinator's signature :
Date :	Date :

Please, annex to this form the following documents :

- the list of courses you have attended in your university
- An up to date Original Transcript
- A personal statement indicating why you would like to study abroad

LEARNING AGREEMENT

ACADEMIC YEAR 2008-2009– FIELD OF STUDY :

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Please read the guidelines overleaf before completing this form

Name of student

Sending institution.....Country.....

Please enter your proposed study programme

Course unit title

If necessary, continue this list on a separate sheet

Student's signature

.....Date :

SENDING INSTITUTION

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

Tutor's signature

.....
Date :

RECEIVING INSTITUTION

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

Departmental Coordinator's signature Institutional Coordinator's signature

.....
Date :

