



Education and Culture DG

lifelong learning Programme



LIFELONG LEARNING PROGRAMME / ERASMUS – ECTS STUDENT APPLICATION FORM

(Photograph)

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:

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Departmental coordinator – name, telephone and fax numbers, e-mail :

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Institutional coordinator – name, telephone and fax numbers, e-mail :

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STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name: Firstname (s):

Date of birth:

Sex: M / F Nationality: Place of birth:

e-mail address:

Current address: Permanent address (if different):

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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.					

Name of student:

Sending institution : Country :

Briefly state the reasons why you wish to study abroad:

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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

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Date: Date: