*Annex 1 to granting ECTS credits for students’ academic performance*

ECTS – EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

**STUDENT APPLICATION FORM**

(Photo)

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

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

**SENDING INSTITUTION**

Name and full address: .............................................................................................................................................................  
...............................................................................................................................................................................................  
Departmental coordinator (for a particular field of study) – name, telephone, fax, e-mail ...................................................................................................................................................................................   
Institutional coordinator – name, telephone, fax, e-mail ..................................................................................................................................................................................................................……………............................................................................................................................................................

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

|  |  |
| --- | --- |
| Name:............................................................ | First name(s): ............................................................................ |
| Date of birth.................................................... |  |
| Sex:............. Nationality:.............................. |  |
| Place of birth:.............................................. |  |
| Current address: ................................................. | Permanent address (if different): ....................................... |
| ................................................................ | ................................................................................................ |
| ............................................................................. | ................................................................................................ |
| Current address valid until:.................................. | ................................................................................................ |
| Tel.: ..................................................................... | Tel.: ........................................................................................ |
| Fax: ................................................................... | Fax:....................................................................................... |
| E-mail: ................................................................ | E-mail:.................................................................................… |

**LIST OF INSTITUTIONS WHICH WILL RECEIVE THE APPLICATION FORM**   
*(in order of preference):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | Country | Period of study  from - to | | Duration of stay  (months) | Number of expected ECTS credits to be received at a foreign institution |
| . ................................   ................................  . ................................ | ..................... ..................... ..................... | ............. ............. ............. | ........... ........... ........... | ................... ................... ................... | ........................... ............................ ........................... |

|  |
| --- |
| Name of student: ……………………………………………..………………………………………………………………….. |

|  |
| --- |
| SENDING INSTITUTION:  ............................................................................................................................. Country: .......................................................... |

|  |
| --- |
| Briefly state the reasons why you wish to study abroad? .......................................................................................................................................................................................... ..........................................................................................................................................................................................  ......................................................................................................................................................................................... |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother langue: ....................................................................  Language of instructions 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 applying will be provided 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 Institutional coordinator’s signature coordinator’s signature  ………………………………….. …………………………….………...  Date: …………………………… Date: ……………………….………. |