ECCTS – European Credit Transfer System / Student application form

This application should be completed in black in order to be easily copied and/or telefaxed.

ACADEMIC YEAR: 20 __/20 __

FIELD OF STUDY: ____________________________

__________________________________________

SENDING INSTITUTION

Name and full address: ________________________________

Department coordinator – name, telephone and telefax numbers, e-mail box: ________________________________

Institutional coordinator – name, telephone and telefax numbers, e-mail box: ________________________________

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: ________________________________

Tel.: ____________________________ Current address is valid until: ____________________________

Permanent address (if different): ________________________________

Tel.: ____________________________

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Country</th>
<th>Period of study from</th>
<th>Duration of stay (months)</th>
<th>N° of expected ECTS credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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</tbody>
</table>
Name of student: 

Sending institution: ___________________________ Country: ___________________________

Briefly state the reasons why you wish to study abroad? 

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**LANGUAGE COMPETENCE**

Mother tongue: 

Language of instruction at home institution *if different*: 

Other languages 

1. 

2. 

3. 

<table>
<thead>
<tr>
<th>I am currently studying this language</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I have sufficient knowledge to follow lectures</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I would have sufficient knowledge to follow lectures if I had some extra preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ yes</td>
</tr>
</tbody>
</table>

**WORK EXPERIENCE RELATED TO CURRENT STUDY *if relevant*** 

<table>
<thead>
<tr>
<th>Type of work experience</th>
<th>Firm/organization</th>
<th>Dates</th>
<th>Country</th>
</tr>
</thead>
</table>

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**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? ___________________________

*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.* 

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: ___________________________ DATUM: ___________________________