



*Divisione Didattica e Ricerca
Ufficio Ricerca*

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
STUDENT APPLICATION FORM**

(Photograph)

ACADEMIC YEAR 2009/2010

FIELD OF STUDY: NATURAL SCIENCES

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

SENDING INSTITUTION

Name and full address: UNIVERSITY OF SANNIO, Piazza Guerrazzi n. 1 – 82100 Benevento (ITALY)

Department coordinator : Prof. ssa Lorella Canzoniero - Facoltà di Scienze MM.FF.NN.

Via Port'Arsa n. 11 – 82100 Benevento (Italy), tel. +39 0824305104 fax +39 0824323013 e-mail canzoniero@unisannio.it

Institutional coordinator : Prof. Pasquale Daponte - Palazzo Bosco Lucarelli, Corso Garibaldi n. 107 – 82100 Benevento

(Italy), tel. +39 0824305817 fax +39 0824305840

e-mail daponte@unisannio.it

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: Permanent address (if different):

.....

.....

.....

Current address is valid until

Tel.: Tel.:

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
2.....
3.....

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 have sufficient knowledge 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/organization	Date	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 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

Departmental coordinator's signature

.....

Date.....

provisionally accepted at our institution

not accepted at our institution

Institutional coordinator's signature

date.....