

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

(Photograph)

ACADEMIC YEAR 2011/2012

FIELD OF STUDY: NATURAL SCIENCES

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

<p>SENDING INSTITUTION Name and full address:</p> <p>Department coordinator :</p> <p>Institutional coordinator :</p>

<p>STUDENT'S PERSONAL DATA <i>(to be completed by the student applying)</i></p> <p>Family name: First name (s):</p> <p>Date of birth:</p> <p>Sex: Nationality:</p> <p>Place of Birth:</p> <p>Current address: Permanent address (if different):</p> <p>.....</p> <p>.....</p> <p>Current address is valid until</p> <p>Tel.: Tel.:</p>
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LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

Institution	Country	Period of study from to		Duration of stay (months)	N° of expected ECTS credits
1
2.....
3.....

<p>Name of student:</p> <p>Sending institution:Country:</p>

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

provisionally accepted at our institution
 not accepted at our institution
 Institutional coordinator’s signature

Date..... date.....