

Student Application Form

ECTS APPLICATION FORM - European Credit Transfer System

ACADEMIC YEAR: 2020/2021

FIELD OF STUDY: _____

Photograph of
Candidate

This application should be completed in **BLACK**, in order to be easily copied and/or faxed.

SENDING INSTITUTION –

Name and full address:

Department Coordinator:

Phone: +

Fax : +

Email :

Institutional Erasmus Coordinator:

Phone: +

Fax: +

Email:

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name:

First name (s):

Passport/ID card:

Date of birth:

E.mail:

Sex:

Permanent address (if different):

Nationality:

Place of Birth:

Current address:

Current address is valid until:

Tel.: 00

MOBIL.: 00

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

Institution	Country	Period of Study		Duration of stay (months)	N° of expected ECTS credits
		From	To		

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 would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<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/organisation	Year	Country
1.	1.	1.	1.
2.	2.	2.	2.

