

(Photograph)

PROGRAMME ERASMUS + ICM

STUDENT APPLICATION FORM

ACADEMIC YEAR: 20…... / 20…..

FIELD OF STUDY: ……………………………………………………

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| **SENDING INSTITUTION:**  **……………………………………………………………………..****Departmental coordinators – name, telephone and telefax numbers, e-mail :**………………………………………………………………..………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………..………………………………………………………………**Institutional coordinator – name, telephone and telefax numbers, e-mail :**  ………………………………………………………………………………………………………………………………………… |

**STUDENT’S PERSONAL DATA**

**(to be completed by the student applying)**

|  |  |
| --- | --- |
| **Family name :**  | **First name (s) :**  |
| **Date of birth :**  |  |
| **Sex : M 🞎 / F 🞎 Nationality :**  | **Place of birth :** |
|  **Email address:** |  |
| **Current address :**  | **Permanent address (if different) :**  |
|  |  |
| **Current address is valid until :** |  |
| **Tel. nr (incl. country code nr.):**  | **Tel. nr (incl. country code nr.):** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Country** | **Period of study** | **Duration of stay (months)** | **No. of expected ECTS credits** |
| **From** | **To** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

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| **Name of student:** |
| **Sending institution** : ……………………………………………………………………………… **Country** : ………………………………….  |
| **Briefly state the reasons why you wish to study abroad**: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………........…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**LANGUAGE COMPETENCE**

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| **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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of work experience** | **Firm / Organization** | **Dates** | **Country** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PREVIOUS AND CURRENT STUDY**

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| **Diploma/degree for which you are currently studying** : 🖵 **PTYCHIO (Bachelor of 4 years - 240 ECTS)** 🖵 **MASTER (4 semesters - 120 ECTS)**🖵 **MASTER (3 semesters - 90 ECTS)** 🖵 **MASTER (2 semesters - 60 ECTS)**🖵 **MASTER (1 academic year - 75 ECTS)** 🖵 **DOCTORAL degree****Number of higher education study years prior to departure abroad (min 1)**: …………………………………..**Have you already been studying abroad? Yes**  🖵  **No**  🖵 **If Yes, when ? at which institution ?** ………………………………………………………………………….. |

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| **Student’s Signature**……………………………………………………………… **Date:**………………………….. |
| **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** : ……………………………….…… **Date** : …….………………………….. |