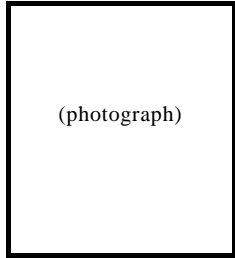




# STUDENT APPLICATION FORM

ACADEMIC YEAR: 200.... / 200....

FIELD OF STUDY: .....



## SENDING INSTITUTION

Name and full address:.....  
 .....  
 Departmental co-ordinator - name, telephone, and fax numbers, e-mail box:  
 .....  
 .....  
 Institutional co-ordinator - name, telephone, and fax numbers, e-mail box:  
 .....  
 .....

## STUDENT'S PERSONAL DATA

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.: .....  
 E-mail address: .....

## INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM

Institution name: ..... Country: .....  
 Period of study: ..... From: ..... to: .....

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



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
.....	<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"/>

**SENDING INSTITUTION**

Name: .....	Country: .....
Departmental coordinator's signature	Institutional coordinator's signature
.....	.....
Date .....	Date .....

**RECEIVING INSTITUTION**

We hereby acknowledge receipt of the application.

The above-mentioned student is

provisionally accepted at our Institution

not accepted at our Institution

Departmental co-ordinator's signature	Institutional co-ordinator's signature
.....	.....
date: .....	date: .....