

Student Application Form

SOCRATES/ERASMUS – Programme
European Credit Transfer System (ECTS)

PASSPORT
PHOTO

0. Field of Study:

1. ECTS sending institution: (To be completed by the Department or Institutional Co-ordinator at the sending Institution). Please complete in black ink or computer.

Name and full address of the Institution:

Department Co-ordinator :
(course leader)

Institutional Co-ordinator:

2. Student's personal data: (To be completed by the student applying)

Family name :	First name(s):
Date of Birth:	Sex:
Place of birth:	Nationality:
Current address:	Permanent address (if different):

Current telephone:	Permanent telephone (if different):
The current address if valid until:	Current fax / e-mail:

Number of higher education study years prior to departure abroad:

Diploma/degree for which you are currently studying:

Date when you began these studies:

Date when you expect to complete them:

Have you already been an exchange student? Yes ☐ No ☐

If yes, when? at which Institution?

3. Institution that will receive this application form (in order of preference)

Receiving Institution	Country	Periods of studies from to	Duration of stay months	Number of expected credits

I wish to take part in an intensive language preparation course
provided by the host Institution
I am available for summer course

Yes ☐
Yes ☐

No ☐
No ☐

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 know- ledge 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"/>
.....	<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	Dates	Country
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Do you receive funding from any sources?

Yes ☐

No ☐

If yes, which?:

Period of study abroad from: _____ to _____
Total duration in months of my stay abroad: _____

[illegible]

I agree that these data will be stored and processed electronically and transmitted to the universities concerned exclusively for the purpose of my SOCRATES-application.

Student's signature: _____ Date: _____

Sending Institution: I confirm that this application is approved

Departmental Co-ordinator's signature: _____ Date: _____

Institutional Co-ordinator's signature: _____ Date: _____

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