

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

ЗАЯВЛЕНИЕ ОБУЧАЮЩЕГОСЯ

Photo

Академический год 20../20..

Направление обучения:

.....

Эта форма должна быть заполнена черным цветом для лучшей передачи в случае отправки факсом

Отправляющий вуз
 Название и полный адрес:

 Ф.И.О. координатора департамента, тел., факс, e-mail

 Ф.И.О. координатора вуза, тел., факс, e-mail

Личные данные обучающегося
 (заполняются самим студентом)

Фамилия: Имя:
 Дата рождения:
 Пол:
 Гражданство
 Место рождения: Постоянный адрес (если отличается):
 Текущий адрес проживания:

 Действителен до Tel.:

 Tel.:

Перечень вузов, которые получают данную заявку (в порядке предпочтения):

ВУЗ	Страна	Период обучения		Срок пребывания (месяцев)	N ожидаемых кредитов ECTS
		от	до		
1.....
2.....
3.....

Ф.И.О. обучающегося:

 Отправляющий вуз:

 Страна:
 Коротко поясните мотивы вашего желания обучения за рубежом

Языковые навыки

Родной язык:.....Язык обучения в своем вузе (если отличается):

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STUDENT APPLICATION FORM

Photo

ACADEMIC YEAR 20../20..

FIELD OF STUDY

.....

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

SENDING INSTITUTION
 Name and full address:

 Department coordinator - name, telephone and telefax numbers, e-mail box

 Institutional coordinator - name, telephone and telefax numbers, e-mail box

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name:Date of birth:Sex: Nationality: Place of Birth: Current address: Current address is valid until: Tel.:	First name (s): Permanent address (if different): Tel.:
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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)	NY of expected ECTS credits
1.....
2.....
3.....

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
.....	<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
.....
.....

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 o	<input type="checkbox"/> provisionally accepted at our institution
	<input type="checkbox"/> not accepted at our institution
Departmental coordinator's signature	<input type="checkbox"/> Institutional coordinator's signature
.....
Date:	Date
.....