



ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

STUDENT APPLICATION FORM

ACADEMIC YEAR 20.. /20..
FIELD OF STUDY:

(Photograph)

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

SENDING INSTITUTION

Name and full address:

Department coordinator - name, telephone, fax and e-mail :

Institutional coordinator - name, telephone, fax and e-mail:

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name

First name (s)

Sex: Nationality:

Date and Place of birth:

Current address:

Permanent address:

Tel.:

Tel 2.: (mobile)

E-mail:

E-mail 2:

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM

(in order of preference):

Institution	Country	Period of study from to		Duration of stay (months)	N° of Expected ECTS credits

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TRAINING AGREEMENT

ACADEMIC YEAR 20..../20.... - FIELD OF STUDY:

Name of student:
Sending institution:
Country:

Receiving institution:
Country:

DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD/LEARNING AGREEMENT

<u>SUBJECT</u>	PERIOD		TOT. HOURS
	FROM	UNTIL	

Student's signature

..... Date:

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date: