

Higher Education
Learning Agreement form
Student's name

(Photograph)

STUDENT APPLICATION FORM

ACADEMIC YEAR: 20.../20... FIELD OF STUDY (Course):

SENDING INSTITUTION

Name and full address:

Departmental coordinator – name, telephone, e-mail :

International mobility coordinator – name, telephone, e-mail :

STUDENT'S PERSONAL DATA

Family name:

First name (s):

Date of birth:

Sex: ...M/F... Nationality:

Place of birth:

e-mail address:

Current address:

Permanent address (if different):

.....

.....

.....

.....

Tel. no (incl. country code nr.):

Tel:

SEMESTER CHOICE

I am at 2nd year and I apply for:

☐ 1st semester of 3rd year ☐ 2nd semester of 3rd year

(For any doubt related to this choice, refer to the international mobility coordinator.)

LIST OF INSTITUTIONS I APPLY FOR (in order of preference):

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

Briefly state the reasons why you wish to study abroad:.....

.....

.....

LANGUAGE COMPETENCE (a proof of knowledge of language of instruction should be submitted)

Mother tongue: Language of instruction at home institution (if different):

Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	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"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Work experience / position	Firm /organization	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 be provided at a later stage.

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: