



STUDENT APPLICATION FORM

Please attach a recent passport photograph

ACADEMIC YEAR 20__/20__
 Study Programme:
 Principal study subject:

Home Institution)

Erasmus ID Code: Tel:

Coordinator: Fax:

E-mail:

STUDENT

Family name: First name(s): Place of Birth:

Date of birth: Nationality:

Sex: Male Female
 Permanent address (if different):

Current address:

Current address is valid until: Tel.:

Tel.: Fax:

Fax: E-mail:

E-mail:

Previous/Current studies

Diploma/degree for which you are currently studying:
 Professor in main field of study:
 Number of higher education study years prior to departure abroad: 2

Please attach a transcript including full details of previous and current higher education study. Details not known at the time of application should be provided at a later stage.

Check List FOR OFFICE USE

<p>Host Institution</p> <p>Application received:</p> <p><input type="checkbox"/> Learning Agreement, received:</p> <p><input type="checkbox"/> Provisionally accepted</p> <p><input type="checkbox"/> Result sent to coordinator</p>	<p><input type="checkbox"/> Recorded performance <input type="checkbox"/> Audition</p> <p><input type="checkbox"/> Transcript, received:</p> <p><input type="checkbox"/> Not accepted</p> <p><input type="checkbox"/> Result sent to candidate</p>
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DESIRED COURSES AT HOST INSTITUTION			
Period of study	Duration	N° of expected	Preferred Professor at Host

from	to	of stay (months)	ECTS credits	Institution for main subject (if any)	
				1.	
				2.	
				3.	
Course unit code (if available)	Course unit title (as indicated in the information package)		Teaching method*	Number of ECTS credits	
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*(1)one-to-one teaching, (2)small group teaching, (3)lecture, (4)other

<p>LANGUAGE SKILLS</p> <p>Mother tongue:</p> <p>Please indicate your language skills other than mother tongue:</p> <p>1) Language_____ Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p> <p>2) Language_____ Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p> <p>3) Language_____ Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/></p> <p>Will you, if necessary, be studying the language of the host institution before the exchange period? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Please explain why you wish to study abroad

LIST OF APPLICATIONS

Please list the institutions which will receive this application form (in order of preference):

Institution	Preferred professor	Country	Period of study from to		Duration of stay months

Please inform the other institutions **immediately** if you are admitted at an institution!

AUDITION

If the receiving institution requires you to send in a certified recording of your audition repertoire, please fill in the following:

I have included a certified* recording of my audition repertoire Yes No

List of pieces performed on your recording:

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*Please let the teacher of your main subject sign the recording to certify that the recording is your own performance.

FUNDING

Have you already been studying abroad with an ERASMUS grant? Yes No

Do you wish to apply for an Erasmus mobility grant to assist towards the additional costs of your study period abroad? Yes No

SIGNATURES HOME INSTITUTION

Student: Date:

Professor/Tutor: Date:

Head of Department: Date:

International Coordinator: Date: