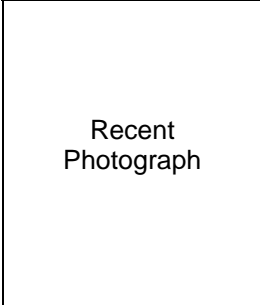




ERASMUS / EXCHANGE STUDENT APPLICATION FORM 200_-200_

Commission of the European Communities
SOCRATES/ERASMUS - Programme
European Credit Transfer System (ECTS)



1. ECTS Sending Institution: Please complete in black ink or computer.
Name and full address of the Institution:

.....
.....
.....
.....

Departmental/Institutional Coordinator:

Tel:
Fax:
E-mail:

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

Family name: First name(s):
Date of birth: Sex: Nationality:
Current address: Permanent add. (if different):
Passport / Identity Card No..... (VERY IMPORTANT)*
Current telephone: Permanent telephone (if different):
The current address is valid until: Current fax / e-mail:

* Your application cannot be processed without a valid identification number

3. 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
.....
.....
.....

Name of student:

