

LLP - ERASMUS STUDENT MOBILITY OUTGOING STUDENT APPLICATION



FOR ACADEMIC YEAR **2010 2011**
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This application should be completed in clear block capital letters and returned before 15th March – for the winter semester, or summer semester or full academic year – to the International Office, room 158

STUDENT'S PERSONAL DATA

Family name:	First name (s):
Date of birth:
Place of Birth:	Sex: Nationality:
Current address:	Permanent address (if different):
Tel.:	E-mail:
Current address is valid until:

PREVIOUS AND CURRENT STUDY

Grade Point Average (cumulative):	Index number:
Field of study:	
Diploma/degree for which you are currently studying:	Current semester of study:
Have you already been studying abroad ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, when ? at which institution ? what programme ?	

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 <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	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"/>	<input type="checkbox"/>

WHERE WOULD YOU LIKE TO STUDY (list of institutions in order of preference):

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		
1					
2					
3					
4					

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WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country

Briefly state the reasons why you wish to study abroad ?

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?

Yes ☐

No ☐

Name of student:

Date: Signature:

Tutor's recommendation (optional):

Tutor's name:

Date: Signature: