# ERASMUS

# STUDENT APPLICATION FORM

ACADEMIC YEAR: \_\_\_\_\_\_\_\_\_\_\_ FIRST SEMESTER \_\_\_\_ SECOND SEMESTER \_\_\_\_

# FIELD OF STUDY:\_\_\_\_\_\_\_\_\_\_\_\_

# FACULTY/COLLEGE or MASTER DEGREE AT UPV/EHU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application should be completed in BLOCK LETTERS so that it can be easily copied and/or faxed

## SENDING INSTITUTION

Name:

Institutional coordinator:

Address:

Tel: Fax: E-mail:

Departamental coordinator:

Address:

Tel: Fax: E-mail:

STUDENT’S PERSONAL DATA (to be completed by the student applying)

Family name: First name(s):

Passport/Identity Card number: Date of birth: Sex:

Place of birth: Nationality:

Current address: Permanent address (if different):

Current address is valid until: Tel:

Tel: E-mail:

Period of stay expected: from until:

## LANGUAGE COMPETENCE

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

|  |  |  |  |
| --- | --- | --- | --- |
| Other languages  1. ……………………  2. ……………………  3. …………………… | I am currently studying this language  Yes □ No □  Yes □ No □  Yes □ No □ | I have sufficient knowledge to follow lectures  Yes □ No □  Yes □ No □  Yes □ No □ | I would have sufficient knowledge to follow lectures if I had some extra preparation  Yes □ No □  Yes □ No □  Yes □ No □ |

Departamental coordinator’s signature Student’s signature

at home institution

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Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_