



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:

Departmental 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	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	
1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Departmental coordinator's signature
at home institution

Student's signature

.....

Date _____

Date _____