

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 20.. /20..

FIELD OF STUDY:

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

SENDING INSTITUTION

Name and full address:

Department coordinator - name, telephone, fax and e-mail

Institutional coordinator - name, telephone, fax and e-mail

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: First name (s):

Date of birth:

Sex: Nationality:.....

Place of Birth:

Current address: Permanent address (if different):

Current address is valid until:

Tel.: Tel.:

Fax: Fax:

E-mail: E-mail:

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

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

Name of student:

Sending institution:

Country:

