



ERASMUS+: INCOMING STUDENT MOBILITY AT VUM

STUDENT APPLICATION FORM

Academic year 2016/2017

Student applicant's full na	me
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SENDING INSTITUTION

Name and full address:

Student applicant's study programme and year of studies (at the time of the application submission):

Erasmus+ Institutional Coordinator:
Email:
Tel:
STUDENT'S PERSONAL DATA
(to be completed by the student applying)
Date of birth:
Place of birth:
Nationality:
Sex (M/F)
Current address:
Current address is valid until:
Permanent address (if different):
Mobile phone:
Email:

I AM APPLYING FO	R:							
☐ STUDENT MOBILITY FOR STUDIES AT VUM								
□ STUDENT MOBILITY FOR PLACEMENT AT VUM								
PLANNED MOBILITY DURATION:								
START DATE:								
END DATE:								
STUDENT APPLICA	NT'S MOTIV	ATION						
Please, briefly state the	he reasons w	hy you wish to	study at VUM.					
LANGUAGE COMPETENCE								
Mother tongue:								
Other languages	I am curre	ently studying	I have sufficient knowledge I would have sufficient		ave sufficient			
	this la	anguage	to follow lectures		knowledge to follow lectures if I			
					had some extra preparation			
	yes	no	yes	no	yes	no		
1.								
2.								
3.								

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country					
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PREVIOUS AND CURRENT STUDY								
Diploma/degree for which you are currently studying:								
Number of higher education study years prior to departure abroad:								
Have you already been studying ab	road? Yes □ No □							
If Yes, when and at which institution	1?							
The attached <u>Transcript of records</u> includes full details of previous and current higher education study. Details not known at the time of application will be provided a t a later stage.								