

ANEXO 1. SOLICITUD ALUMNOS ENTRANTES

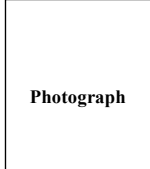
**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM
STUDENT APPLICATION FORM**

ACADEMIC YEAR

FIELD OF STUDY (Faculty / Department) _____

Period of Stay (Erasmus) Fall/winter Term; Spring/summer Term;

Level/Year : UG 1 2 3 4



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

Family name: _____	First name: _____
Date of Birth: _____	Gender: _____
Nationality: _____	Passport no: _____
Place of Birth: _____	Father Name: _____
Permanent Address: _____ _____	Temporary address (if relevant): _____ _____
Tel: _____	Valid Until: Tel: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____

SENDING INSTITUTION

Name and full address: _____ _____
ID Code: _____ Country: _____
Subject Area: _____ Department: _____
DEPARTMENTAL COORDINATOR Name: _____
Tel: _____ E-Mail: _____
Fax: _____ Signature: _____
INSTITUTIONAL COORDINATOR Name: _____
Tel: _____ E-Mail: _____
Fax: _____

LANGUAGE COMPETENCE

Mother language: _____

Language of instruction at sending institution (if different): _____

OTHER LANGUAGES

- A- I am currently studying this language
B- I have sufficient knowledge to follow lectures
C- I would have sufficient knowledge to follow lectures if I had some extra preparation

Languages	A	B	C

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 abroad? Yes No

If Yes, when? at which institution? _____

The attached Transcript of records includes full details of previous and current higher education study.