



**ERASMUS STUDENT APPLICATION FORM
INCOMING**

Photo

Academic Year: 20...-20...

Type of mobility: Study Traineeship

Field of study (subject area code):

STUDENT'S PERSONAL DATA

Family Name: Date and place of birth: Nationality: Current address: tel.: fax: e-mail:	First name(s): Sex: Permanent address (if different) tel.: fax: e-mail:
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SENDING INSTITUTION (Erasmus code): Name and full address: Faculty at the Sending Institution: Contact Person (name/tel/fax/e-mail): Institutional ERASMUS coordinator (name/tel/fax/e-mail):
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RECEIVING INSTITUTION (Erasmus code): BG ROUSSE01 Name and full address: Angel Kanchev University of Ruse, 8 Studentska Str, 7017 Ruse Bulgaria Faculty at the Receiving Institution: Contact Person (name/tel/fax/e-mail):
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Period of study		Duration of stay (months)	N° of expected ECTS credits
From:	To:		

ACCOMMODATION

Do you wish accommodation in university halls of residence?	Yes <input type="radio"/>	No <input type="radio"/>
Period of stay	From:	To:

BULGARIAN LANGUAGE COURSE

Do you wish to attend Bulgarian language course (60 h)?	Yes <input type="radio"/>	No <input type="radio"/>
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Briefly state the reasons why you wish to study abroad?

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	
	yes	no	yes	no	yes	no
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Company/organisation	Dates	Country

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. Details not known at the time of application will provided be at a later stage.

Student's Signature:.....

Date & Place:

SENDING INSTITUTION

Institutional ERASMUS coordinator signature and stamp:

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RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records:

The above-mentioned student: is provisionally accepted by our Institution

is not accepted by our Institution

Faculty Co-ordinator's Signature:

Institutional Co-ordinator's Signature and Stamp:

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Date:

Date: