



ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM – ERASMUS (Foreign students)

(please take in account that the Erasmus conditions must be followed)



(Photo)

ACADEMIC YEAR 20 / 20

FIELD OF STUDY:

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION

Name and full address: _____

Department coordinator: _____

Phone: _____ /fax _____ / e-mail: _____

Institutional coordinator: _____

Phone: _____ /fax _____ e-mail _____

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: _____

First name (s): _____

Date of birth: ____/____/____

Permanent address (if different):

Sex: _____ Nationality: _____

Place of Birth: _____

Current address: _____

Current address is valid until: ____/____/____

Phone: _____

Phone: _____



STUDIES IN ESADV

Enrolment term: Theatre Department Winter semester Summer semester	Academic –Year: _____
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ESTC specialization: Theatre: Acting ____ / Directing ____	ECTS required: Yes / No Number of ECTS: _____
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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"/>
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WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/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 ? _____

RECEIVING INSTITUTION

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

The above-mentioned student is

accepted at our institution

not accepted at our institution

Institutional coordinator's signature

Departmental coordinator's signature

Date _____/_____/_____

Date: _____/_____/_____