**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

# STUDENT APPLICATION FORM

**(Photo)**

## ACADEMIC YEAR: ................................................

**FIELD OF STUDY**: ...................................................

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

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| **SENDING INSTITUTION -** Name and full address:  Universitatea de Vest din Timisoara (RO TIMISOA01)  Bd. V. Parvan nr. 4, Timisoara-300223, Romania  **Department coordinator:**  Name: …..………………………… ………………………………………………… .........................…  Telephone: ........................................................... Fax: .........................................…………….............  E-mail: ...................................................................................................................……………............  **Institutional coordinator:**  Andra-Mirona STAN-DRAGOTESC, PhD.  Tel: +40-256-592 352; Fax: +40-256-592 313  E-mail: andra.dragotesc@e-uvt.ro |

STUDENT’S PERSONAL DATA

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................…………......  Date of birth: ...................................…………....…...  Sex:...............Nationality:..............……………..........  Place of Birth: ......................................…………......  Current address: ..................................………….......  ............................................................................................................................................................………  Current address is valid until: ..........................……...  Tel.: .............................................…………...............  E-mail: ………………………………………….…… | First name (s): ................................................  Permanent address (if different):  ........................................................................  ......................................................................  .......................................................................  Tel.:................................................................. |

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

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

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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 |
| ........................………  ........................………  ........................……… | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience  ...................................………......  ..........................................…….. | Firm/organisation  .........................................  …………………………… | Dates  ..........................  ........................... | Country  .........................  ........................ |

### PREVIOUS AND CURRENT STUDY

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| --- |
| 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.** |

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| Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes 🞏 No 🞏 |

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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 🞏  🞏  Departmental coordinator’s signature  ..............................................................................  Date: .................................................................... | provisionally accepted at our institution  not accepted at our institution  Institutional coordinator’s signature  ..........................................................................  Date: ................................................................ |
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