



Photograph

Lifelong Learning Programme - LLP Programme

## ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

## **ERASMUS STUDENT APPLICATION FORM**

FIELD OF STUDY:	ACADEMIC YEAR 20/ 20						
This application should be completed in BLACK in order to be easily copied, faxed or e-mailed							
SENDING INSTITUTION:  ERASMUS code of sending institution:							
Departmental Coordinator:							
Name:	E-mail:						
Tel:	Fax:						
Full address:							
Institutional Coordinator:							
Name:	E-mail:						
Tel:	. Fax:						
Full address:							
STUDENT'S PERSONAL DATA (to be completed by the student applying. Please, write clearly)							
Family name:	First name (s):						
Date of birth:	Gender: Male □ Female □						
Place of birth:	Gordon. Wall I Tollial I						
Nationality:							
Current address:	Permanent address (if different):						
Current address is valid until:							
Tel.:	Tel.:						
Fax:	Fax:						
E-mail:	E-mail:						
INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM							
Institution: FREDERICK UNIVERSITY CYPRUS	ERASMUS code: CY NICOSIA 23						
Period of study (dd/mm/yy) from: to:							
Duration of stay (in months):							
1 <sup>st</sup> semester 2 <sup>nd</sup> semester Full year							
Anticipated number of ECTS credits (normally 30 or 60):							





ADDITIONAL INFORMATION									
Briefly state the reasons wh	ıy you wish	า to stu	ıdy abroad:						
	•••••					• • • • • • • • • • • • • • • • • • • •			
LANGUAGE COMPETENC	<u> </u>								
Mother tongue:	La	inguag	e of instruction	on at ho	ome institu	ution (if di	fferent):		
Other languages  I am currently s this languages				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 RELA	ATED TO	CURRE	ENT STUDY	(if <u>rele</u>	van <u>t)</u>				
			m/organizatio	anization Dates		Dates	Country		ountry
PREVIOUS AND CURRENT	STUDY								
Diploma/degree for which y	ou are cur	rently	studying:						
Number of higher education		-							
Have you already been stu		-	Yes		No □				
If Yes, when? At which inst									
The attached Transcript of									study.
Details not know at the time				_			_		•
RECEIVING INSTITUTION  We hereby acknowledge re	opint of the	o appli	action the pr	00000	Lograina	agraama	nt and th	o candidata'	c Transprint of
records.	•	е арріі	cation, the pr	oposed	i learning	agreeme	ni anu in	e candidate	s Transcript of
The above-mentioned stud	ent is		□ acce	ntod a	t our instit	tution			
			□ prov	isional	ly accepte ted at our	ed at our i			
Departmental coordinator's	signature		Institu	utional	coordinate	or's signa	ture		
Date:			Date	a:					