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Please attach a recent passport photograph

**STUDENT APPLICATION FORM**

ACADEMIC YEAR **20\_\_/20\_\_**

Study Programme:

Principal study subject:

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| **Home Institution** ) |
| Erasmus ID Code: Coordinator:  | Tel: Fax: E-mail:  |

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| **STUDENT** Family name: Date of birth:Sex: 🞏 Male 🞏 FemaleCurrent address:   Current address is valid until: Tel.: Fax: E-mail:  | First name(s): Place of Birth: Nationality: Permanent address (if different):    Tel.: Fax: E-mail:  |
| **Previous/Current studies**Diploma/degree for which you are currently studying: Professor in main field of study: Number of higher education study years prior to departure abroad:2Please attach a transcript including full details of previous and current higher education study. Details not known at the time of application should be provided at a later stage. |

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| **Check List FOR OFFICE USE** |

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| **Host Institution**Application received: 🞏 Learning Agreement, received: 🞏 Provisionally accepted🞏 Result sent to coordinator | 🞏 Recorded performance 🞏 Audition🞏 Transcript, received: 🞏 Not accepted🞏 Result sent to candidate |

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| **DESIRED COURSES AT HOST INSTITUTION** |
| Period of studyfrom to | Duration of stay (months) | N° of expected ECTS credits | Preferred Professor at Host Institution for main subject (if any) |
|  |  |  |  | 1. 2.3.  |
| Course unit code (if available)              | Course unit title (as indicated in the information package)             | Teaching method\*              | Number of ECTS credits              |
| \*(1)one-to-one teaching, (2)small group teaching, (3)lecture, (4)other |

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| **LANGUAGE SKILLS** Mother tongue: Please indicate your language skills other than mother tongue:1) Language\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ Fluent 🞎 Good 🞎 Moderate 🞎 Limited 🞎 None 🞎 2) Language\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent 🞎 Good 🞎 Moderate 🞎 Limited 🞎 None 🞎 3) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent 🞎 Good 🞎 Moderate 🞎 Limited 🞎 None 🞎Will you, if necessary, be studying the language of the host institution before the exchange period? Yes 🞎 No 🞎  |

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| Please explain why you wish to study abroad |

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| **LIST OF APPLICATIONS** Please list the institutions which will receive this application form (in order of preference): |
| Institution | Preferred professor | Country | Period of studyfrom to | Duration of stay months |
|  |  |  |  |  |  |
| Please inform the other institutions **immediately** if you are admitted at an institution! |

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| **AUDITION** If the receiving institution requires you to send in a certified recording of your audition repertoire, please fill in the following:I have included a certified\* recording of my audition repertoire Yes 🞎 No 🞏List of pieces performed on your recording:   \*Please let the teacher of your main subject sign the recording to certify that the recording is your own performance. |

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| **FUNDING** Have you already been studying abroad with an ERASMUS grant? Yes 🞏 No 🞎Do you wish to apply for an Erasmus mobility grant to assist towards the additional costs of your study period abroad? Yes 🞎 No 🞏 |

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| **SIGNATURES HOME INSTITUTION** Student: Date: Professor/Tutor: Date: Head of Department: Date: International Coordinator: Date:  |