

2018/2019
College of Applied Technical Science nis

APPLICATION FORM FOR ERASMUS+ OUTGOING STUDENT EXCHANGE

NAME AND SURNAME:	
DATE OF BIRTH:	
PLACE AND STATE OF BIRTH:	
CITIZENSHIP:	
CURRENT ADDRESS:	
PERMANENT ADDRESS (if different):	
TELEPHONE AND MOBILE PHONE:	
E-MAIL: (valid e-mail, preferably on UNS network)	

HOME INSTITUTION: COLLEGE OF APPLIED TECHNICAL SCIENCES

HOME FACULTY:	
DEPARTMENT AND STUDY PROGRAMME:	
CURRENT LEVEL OF STUDY: (Bachelor, Master, PhD)	
PLANNED LEVEL OF STUDY DURING MOBILITY: (Bachelor, Master, PhD)	
CURRENT YEAR:	
GRADE POINT AVERAGE:	

HOST INSTITUTION:

HOST UNIVERSITY / COUNTRY:	
HOST FACULTY:	
STUDY PROGRAMME (AND SUBJECT CODE)	

MOBILITY DURATION IN MONTHS:	
MOBILITY SEMESTER (WINTER / SPRING / WHOLE YEAR)	
PURPOSE OF YOUR MOBILITY <i>please indicate either a) or b) or both</i>	
a) ATTENDANCE OF COURSES (if yes, please specify the courses you would like to attend in a separate document – proposal of the <u>Learning Agreement</u>)	
HAS THE ERASMUS+ OR ECTS ACADEMIC COORDINATOR AT YOUR FACULTY CONFIRMED THE COMPATIBILITY OF THE STUDY PROGRAMMES?	
NAME OF THE ERASMUS+ OR ECTS ACADEMIC COORDINATOR AT YOUR FACULTY:	
b) PART OF WRITING THE FINAL THESIS (if yes, please give the name of the mentor at the home institution and specify the area research for the thesis)	
HAVE YOU ALREADY FOUND THE MENTOR AT THE HOST INSTITUTION?	

FOREIGN LANGUAGE COMPETENCE

CAN YOU FOLLOW THE LANGUAGE IN WHICH THE STUDY PROGRAMME YOU WOULD LIKE TO ATTEND IS DELIVERED AT THE HOST UNIVERSITY?	
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How would you describe your foreign language competence in terms of the Common European Framework of Reference for Languages (e.g. A1, A2, B1, B2, C1, C2)

No:	FOREIGN LANGUAGE	LISTENING	READING	SPEAKING	WRITING

Please state all the documents you are submitting together with the application form:

- 1)
 - 2)
 - 3)
 - 4)
- Etc.

I hereby state that my study period abroad within Erasmus+ shall not be financed by other sources originating from the EU funds.

Signature:

Place and date: