



APPLICATION FORM INCOMING STUDENTS ERASMUS AND EXTRA ERASMUS STUDENTS

Student Personal Data

(to be completed by the student applying)

Family Name: _____
First Name (s) : _____
Date of birth: _____ Place of birth: _____
ID Number/Passport Number: _____
Current Address (Street/City/Zip Code/Nation): _____ _____
Mobile Phone: _____ Tel: _____
Email: _____

FIELD OF STUDY: _____

TERM of STUDY Winter Summer

Academic YEAR: _____

SENDING INSTITUTION
Name and full address _____ _____
Institutional Coordinator – name, telephone, email _____



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Main reasons why I wish to study at Link Campus University:

Language Competencies

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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Previous and Current Study

Diploma/degree for which you are currently studying: _____

Erasmus Coordinator's name and signature _____
Date _____
Student's Signature _____ Date _____

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, and the proposed Learning Agreement..

The above-mentioned student is provisionally accepted at our institution

not accepted at our institution

Institutional coordinator's signature

Date _____