



STUDENT APPLICATION FORM
ERASMUS+
 Academic Year 20.../20...

for studies: **for placement:** **for recent graduates' placement:**

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

SENDING INSTITUTION

Name and full address: EUROAKADEEMIA, Mustamäe tee 4, 10621 Tallinn

Department coordinator - name, telephone and fax numbers, e-mail:

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Institutional coordinator: Aune Altmets, +372 611 5803, aune@euroakadeemia.ee

STUDENT'S PERSONAL DATA *(to be completed by the student applying)*

Family name:

First name (s):

Date of birth:

Sex: Nationality:.....

Place of Birth:

Current address:

Permanent address (if different):

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Current address is valid until:

.....

Tel.:

Tel.:

E-mail:

LIST OF INSTITUTIONS WHERE YOU WOULD LIKE TO STUDY / PRACTICE

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

Briefly state the reasons why you wish to study abroad?

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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/ participate in training		I would have sufficient knowledge to follow lectures/ participate in training 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"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY / TRAINING PLANNED *(if relevant)*

Type of work experience	Firm/organisation	Dates	Country

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:

Number of higher education study years prior to departure abroad:

Have you already been studying / working 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 be provided at a later stage.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?

Yes No

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 provisionally accepted at our institution
 not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

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Date:

Date: