# AEC logoSTUDENT APPLICATION FORM

Please attach a recent passport photograph

ACADEMIC YEAR **20..../20.....**

Study Programme: bachelor 🞎 master 🞎

Principal study subject:

All applications for exchange programmes mustbe made through the International Exchange Co-ordinator in the home institution.

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| **Home Institution:** | |
| Erasmus ID Code:  Coordinator: | Tel: +  Fax:  E-mail: |
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| **STUDENT** | |
| Family name:  Date of birth: Age:  Sex: 🞏 Male 🞏 Female  Current 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:  Please 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** | |
| **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 study  from to | | | | | Duration of stay (months) | | N° of expected ECTS credits | | | Preferred Professor at Host Institution for main subject (if applicable) | | |
| DD/MM/YYYY | | DD/MM/YYYY | | | ............... ................... | | | | | 1.  2.  3. | | |
| **Host Institution** | | | | | | | | | **Home Institution** | | |
| Course unit code (if available) and  **Course unit title** | | | Contact hours per semester | | | Teaching method | Assesment method | Number of ECTS credits | Course unit code (if available) and  **Course unit title** | | Number of ECTS credits |
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| \*(1)One-to-one teaching, (2)Small group teaching, (3)Lecture, (4)Other  \*\*(O)Oral test, (W)Written test, (P)Performance for commission, (M)Marked evaluation by teacher, (X)Other, namely…. | | | | | | | | | | | |
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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 study  from to | | Duration of stay (months) |
| 1.  2.  3. |  |  |  |  |  |
| 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: |