# 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 🞏 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: 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 studyfrom 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 studyfrom 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:  |