

Photo

**INTERNATIONAL RELATIONS  
EXCHANGE STUDENT APPLICATION  
(Academic year 2014/2015)**

*Please complete in BLACK for better copying and faxing*

FIELD OF STUDY:

**SENDING INSTITUTION** (To be completed by the Departmental or Institutional Coordinator at the sending institution)

Name and full address of institution:

.....  
.....  
.....

International Relations Institutional Contact: name/tel/fax/e-mail/

.....

Departmental Coordinator: name/tel/fax/e-mail

.....

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

Family name: ..... First name(s): .....

Date of birth: ..... Sex: ..... Nationality: .....

Place of birth: ..... Permanent address (if different):

Current address: .....  
.....  
.....

E-mail: .....

Telephone: ..... Telephone: .....

This address is valid until: .....

*Please complete page 2 also*

**EXCHANGE STUDENT APPLICATION**

Name of student: .....

Sending institution: ..... Country: .....

**LANGUAGE COMPETENCE**

Mother tongue: ..... Language of instruction at home institution (if different).....

Other languages	I am currently studying		I have sufficient knowledge		I would have sufficient knowledge to	
	YES	NO	YES	NO	YES	NO
.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PREVIOUS AND CURRENT STUDIES**

Number of higher education study years prior to departure abroad: .....

Diploma/degree for which you are currently studying: .....

Date when you expect to complete them: .....

Have you previously had study experience abroad? Yes  No

If yes, when? At which institution? .....

**ACADEMIC RECORD**

*Please attach copies of records to include full details of your previous higher education study*

**PROPOSED STUDY PROGRAMME ABROAD**

Proposed period of study abroad: Year  Semester

Specify approximate dates: .....

Name of course	Brief description
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
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.....	.....

**RECEIVING INSTITUTION**

We hereby acknowledge receipt of the application and the candidate's academic records.

The above-mentioned student is  provisionally accepted at our institution

Not accepted at our institution

Departmental coordinator's signature .....

Date: .....