

**STUDENT APPLICATION FORM**

**(Photograph)**

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

**FIELD OF STUDY**: .........................................................

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

|  |
| --- |
| **SENDING INSTITUTION**Name and full address: ..................................................................................................................................................................................................................................................................................................................Department coordinator - name, telephone and telefax numbers, e-mail box ..........................................................................................................................................................................................................................................................................................................................................................................................................Institutional coordinator - name, telephone and telefax numbers, e-mail box:…………………………………………………………………………………………………………………………………………………………………………………………………………..................................... |

|  |
| --- |
| **RECEIVING INSTITUTION:** Name and full address: **UNIVERSIDAD CATÓLICA SAN ANTONIO DE MURCIA**…….................................................................................................................................................Department coordinator - name, telephone and telefax numbers, e-mail box ..........................................................................................................................................................................................................................................................................................................................................................................................................Institutional coordinator - name, telephone and telefax numbers, e-mail box: Leocadía Díaz, Tel.: 0034 968 278599 Fax: 0034 968 278600, E-mail: LDiaz@pdi.ucam.edu |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................................Date of birth: .......................................................Sex: ...............Nationality: ...................................Place of Birth: .....................................................Current address: ............................................................................................................................................................................................................................................................................................Current address is valid until: .............................Tel.: ..................................................................... | First name (s): .................................................................E-mail: ….……………………………………………Identity Card Number ……………………..Passport nº: ………………………………………….Permanent address (if different): ..................................................................................................................................................................................................................................................................................................................Tel.: .................................................................................. |

|  |
| --- |
| **Period of study from ………………..… to……………………………………..** |

|  |
| --- |
| Briefly state the reasons why you wish to study abroad?................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

**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 | I would have sufficient knowledge to follow lectures if I had some extra preparation |
|  | yes | no | yes | no | yes | no |
| .............................................................................. | □□□ | □□□ | □□□ | □□□ | □□□ | □□□ |

**WORK EXPERIENCE RELATED TO CURRENT STUDY (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 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.** |

|  |
| --- |
| **RECEIVING INSTITUTION ACCEPTANCE.** |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. |
| The above-mentioned student is □□Departmental coordinator’s signature..............................................................................Date: .................................................................... | provisionally accepted at our institutionnot accepted at our institutionInstitutional coordinator’s signature..........................................................................................Date :................................................................................ |