**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR 2016-2017**

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

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

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| **SENDING INSTITUTION**  Name and full address: UNIVERSIDAD CATÓLICA SAN ANTONIO DE MURCIA, Campus de los Jerónimos, 135, 30107 Guadalupe, Murcia, Spain............................................................................  Department coordinator - name, telephone and telefax numbers, e-mail box: ....................................  ............................................................................................................................................................................  Institutional coordinator - name, telephone and telefax numbers, e-mail box:  Pablo Blesa, [pblesa@ucam.edu](mailto:pblesa@ucam.edu) |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................................  Date of birth: .......................................................  Sex: ...............Nationality: ...................................  Place of Birth: .....................................................  Permanent address: ............................................................................................................................................................Postal code: .........................................................  Town: ...................................................................  Province: .............................................................. | First name (s): .................................................................  E-mail UCAM: ….……………………………………………  Passport nº:  Identity card nº:  Tel.: ..................................................................................  Mobile: ……………………………………………. |

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| **Period of stay: □** First semester □Second semester □ Year |

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

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| **RECEIVING 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 ........................................................................................................................................................................... |

**LANGUAGE COMPETENCE**

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| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue: .spanish.... 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**

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| --- |
| 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.** |

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| Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes □ No □ | |
| **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 institution  not accepted at our institution  Institutional coordinator’s signature  ..........................................................................................  Date: ................................................................................ |