**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 |

**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 institutionnot accepted at our institutionInstitutional coordinator’s signature..........................................................................................Date: ................................................................................ |