Erasmus +

STUDENT APPLICATION FORM

Academic year: 20…. / 20….

Field of study: ……

(Photograph)

SENDING INSTITUTION:

Name and full address:

Departmental coordinator – name, telephone and fax numbers, e-mail :

……

Institutional coordinator – name, telephone and fax numbers, e-mail :

……

STUDENT'S PERSONAL DATA

Family name:……..	**Current address**: ……
First name (s): ……	…….....
ID number: ……	…….....
PESEL: ……	…….....
Date of birth: ……..	……..
Place of birth:……..	**Current address is valid until**: …..…….....
Sex: M / F **Nationality**: ……...	**Permanent address (if different)**: ……..…
E-mail address: ……..	……..
Tel. no (incl. country code): ……	…….....
Mobile: ……	…….....

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM:

Institution	Country	Period of study		Duration of stay (months)	No. of expected ECTS credits
		From	To		
1. ……..….	..……..	……..…	……..…	……...……	……
2. ……..….	..……..	……..…	……..…	……...……	……
3. ……..….	..……..	……..…	……..…	……...……	……

Name of student: ……..……...……...……

Sending institution: **Country**:

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 have sufficient knowledge to follow lectures**		**I need some extra preparation**	
	YES	**NO**	**YES**	**NO**
……	☐	☐	☐	☐
……	☐	☐	☐	☐
……	☐	☐	☐	☐

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Work experience / position	**Firm / organization**	**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.

Date: …….

Student's Signature: ……

RECEIVING INSTITUTION: Henri Coanda Air Force Academy, Romania

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is:
☐ **provisionally accepted at our institution**
☐ **not accepted at our institution**

Departmental coordinator's signature

……

Date: ……

Institutional coordinator's signature

Assist.prof. Liliana MIRON, PhD

Date: ……