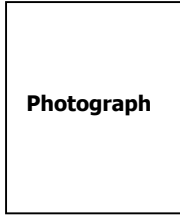




**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM**

**STUDENT APPLICATION FORM**



**ACADEMIC YEAR 2005 /2006**

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

This application should be completed in BLACK in order to be easily copied and faxed. This document must be consigned in double copies.

**SENDING INSTITUTION**

**Università degli Studi della Basilicata, Via Nazario Sauro, 85 - 85100 Potenza (Italy)**

**Department coordinator/Responsible of the mobility programme**

First name and Family name:

phone: + 39 0971

Fax: + 39 0971

e-mail:

**Institutional Coordinator**

First name and Family name: **Bernhard Arnold Kruse**

Phone: + 39 0971 202357

Fax: + 39 0971 54686

e-mail: [kruse@unibas.it](mailto:kruse@unibas.it); [kruse@interfree.it](mailto:kruse@interfree.it)

**STUDENT'S PERSONAL DATA**

*(to be completed by the student applying)*

Family name: .....

First name (s): .....

Date of birth: .....

Sex: .....Nationality:.....

Place of Birth: .....

Current address: .....

Permanent address (if different): .....

.....

.....

.....

.....

Current address is valid until: .....

Tel.: .....

Tel.: .....

Fax: .....

Fax: .....

E-mail: .....

E-mail: .....

Fiscal Code:.....

**List of Institutions which will receive this application form (in order of preference):**

**1<sup>st</sup> Institution** ( please, referred to the Erasmus announcement for the required data)

Exchange Programme coordinated by: Prof/Dr. \_\_\_\_\_

Area code: \_\_\_\_\_ (please referred to the Erasmus announcement)



Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		
1.					

**2<sup>nd</sup> Institution** ( please, referred to the Erasmus announcement for the required data)

Exchange Programme coordinated by: Prof/Dr. \_\_\_\_\_

Area code: \_\_\_\_\_ (please referred to the Erasmus announcement)

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		
2.					

Name of student: .....

Sending institution: **Università degli Studi della Basilicata** - Country: **Italy**

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
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

Type of work experience	Firm/organisation	Dates	Country
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.



## 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.**

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes  No

## RECEIVING INSTITUTION

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

Institutional coordinator's signature

.....

.....

Date: .....

Date .....

