**UTENOS KOLEGIJA**

**ERASMUS ID LTUTENA01**

**85990-LA-1-2014-LT-E4AKA1-ECHE**

**7 Maironio str. LT28142 Utena Lithuania**

Institutional Erasmus+ Coordinator Ms Ruta Jurgelioniene

E-mail: [trs@utenos-kolegija.lt](mailto:trs@utenos-kolegija.lt)

***ERASMUS + STUDENT APPLICATION FORM***

Photograph

**(Photograph)**

**Academic Year 201\_/201\_**

|  |
| --- |
| Erasmus+ studies |
| Erasmus+ placement |

**PERIOD OF STUDY**  Spring semester  Autumn semester

From.......... to..........

Duration of stay in months:

**DEADLINE: *20 JUNE (FALL SEMESTER OR FULL ACADEMIC YEAR); 10 DECEMBER (SPRING SEMESTER)***

|  |  |
| --- | --- |
| **LAST NAME (S)** |  |
| **FIRST NAME (S)** |  |
| **SUBJECT AREA, ISCED CODE** |  |
| **YEAR OF STUDY** |  |
| **SENDING INSTITUTION (**NAME AND FULL ADDRESS) |  |
| **COUNTRY** |  |
| **ERASMUS CODE (IF APPLICABLE)** |  |

|  |  |
| --- | --- |
| **DEPARTMENT COORDINATOR** - NAME, TELEPHONE, FAX AND E-MAIL |  |
| **INSTITUTIONAL COORDINATOR** - NAME, TELEPHONE, FAX AND E-MAIL |  |

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

**STUDENT’S PERSONAL DATA**

|  |  |
| --- | --- |
| Date of birth |  |
| Place of birth |  |
| Country of birth |  |
| Current nationality |  |
| SEX (F/M) |  |
| National identity number |  |
| Tel.: |  |
| Email: |  |
| Student with disability | Yes  No |
| Current address: | Correspondence address ( if different) |
| Street | Street |
| Zip/Postal code | Postal code |
| City | City |
| Country | Country |
| **EMERGENCY CONTACT** | |
| Address |  |
| Email |  |
| Telephone |  |

|  |
| --- |
| 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 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Russian | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**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 provided be at a later stage.** |

|  |  |
| --- | --- |
| **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 🞏  🞏  Departmental coordinator’s signature  ..............................................................................  Date: .................................................................... | provisionally accepted at our institution  not accepted at our institution  Institutional coordinator’s signature  ..........................................................................................  Date :................................................................................ |
|  | |

**Note: Applications can only be accepted from students of our partner institutions.**