

**UNIVERSITY OF APPLIED SCIENCES**

**Your photo**

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### STUDENT APPLICATION FORM

**ACADEMIC YEAR 20..../20.....**

**FACULTY (for which you are applying)..............................................................................................................**

**STUDY PROGRAMME (for which you are applying)......................................................................................**

This application should be completed in BLACK CAPITAL LETTERS in order to be easily copied and/or faxed.

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| **SENDING INSTITUTION**Name:........................................................... Faculty:..........................................................................Address: ..................................................... Study programme:..........................................................Country:........................................................ Web page:.......................................................................**Department coordinator**  **Institutional coordinator**Name............................................................... Name...........................................................................Tel. No............................................................. Tel. No.........................................................................Fax. No............................................................. Fax. No.......................................................................E-mail............................................................... E-mail.......................................................................... |

**STUDENT’S PERSONAL DATA:**

*(to be completed by the student)*

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| First name: ................................................Date of birth: .............................................Sex: ...............Nationality:........................Passport/ID card Number ………………Place of Birth: ...........................................Current address: ........................................................................................................... | Current address is valid until: ...................Tel.: ...........................................................E-mail.:.......................................................Family name (s): .................................................Permanent address (if different): .......................................................................................................Tel.: ................................................................... |

**PREVIOUS STUDY EXPERIENCE:**

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| Number of higher education study years prior to departure abroad: ..................................................................................Have you already been studying abroad? Yes 🞏 No 🞏**If Yes:** Date: ............................................ 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.** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience...................................................................................... | Firm/organisation.................................................................................. | Dates.................................................... | Country........................................................................ |

**LANGUAGE COMPETENCE**

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| --- |
| 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 |
| .............................................................................. | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 |

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

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| **RECEIVING INSTITUTION** (to be filled by representatives of KAUNO KOLEGIJA / University of Applied Sciences): |
| 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 :**Faculty/department:.......................................Name:............................................................Signature:....................................................... Date: ........................................................ | Provisionally accepted at our institutionNot accepted at our institution**Institutional coordinator:**Department of International RelationsName:.....................................................................Signature:..................................................................Date ..................................................... |
| Official stamp |