

**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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 institution  Not accepted at our institution  **Institutional coordinator:**  Department of International Relations  Name:.....................................................................  Signature:..................................................................  Date ..................................................... |
| Official stamp | |