Erasmus+

Real Escuela Superior de Arte Dramático 1831

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 2014/2015 FIELD OF STUDY: .....

This application should be completed in BLACK in order to be easily copied and/or telefaxed**.**

SENDING INSTITUTION
Name and full address:

Department coordinator - name, telephone and telefax numbers, e-mail box .....

Institutional coordinator - name, telephone and telefax numbers, e-mail box:

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.: .....

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....
5.	.....	.....	.....	.....	.....

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 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
....	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐

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 <u>Transcript of records</u> 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.

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

.....
Date: .....

Institutional coordinator's signature

.....
Date :.....