|  |
| --- |
| Attach your photo |

****

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR 20\_ \_ /20\_ \_**

**SENDING INSTITUTION**

|  |  |  |
| --- | --- | --- |
| **Name and full address of the sending institution** |  | **Erasmus Code** |
|  |
| **Departmental coordinator** | Name: | |
| Telephone: | |
| E-mail: | |
| **Institutional coordinator** | Name: | |
| Telephone: | |
| E-mail: | |

**STUDENT’S PERSONAL DATA**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name/s** |  | | **Date of birth** | | | | | *dd/mm/yy* | |
| **Last Name/s** |  | | **Place of birth** | | | | |  | |
| **Male/Female** |  | | **Nationality** | | | | |  | |
| **ID card/Passport** | **№** | | **Issued by** | | | | | *(name of institution, city, country)* | |
| **Date of issue** | *dd/mm/yy* | | | **Date of expiry** | | | | *dd/mm/yy* |
| **Current address** |  | | | | | | | | |
| **Permanent address**  ***(if different)*** |  | | | | | | | | |
| **E-mail** |  | | | **Telephone** | | |  | | |
| **Emergency contact** | Name: | | | | | | | | |
| Telephone: | | | | | E-mail: | | | |

**PREVIOUS AND CURRENT STUDY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Secondary Education Diploma** | Serial № | | | Registration № | | |
| Issued by: *(name of school, city, country)* | | | | | |
| Date: | | | GPA: | | |
| **Degree for which you are currently studying** | Bachelor | | Master | | PhD | |
| **Field of Study** |  | | | | | |
| **Study year** | 1st | 2nd | | 3rd | | 4th |

**STUDENT’S LANGUAGE SKILLS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mother tongue: | | | | |
| Other languages | Level | | | |
| Basic user | Independent user | | Proficient user |
| 1. | A1  A2 | B1  B2 | C1  C2 | |
| 2. | A1  A2 | B1  B2 | C1  C2 | |
| 3. | A1  A2 | B1  B2 | C1  C2 | |

**MOTIVATION**

**Briefly state the reasons why you wish to study abroad:**

**DURATION OF STAY AT THE RECEIVING INSTITUTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Start date** | *dd/mm/yy* | **End date** | *dd/mm/yy* | **Number of months** |  |

**STUDENT BUDDY SERVICE**

|  |  |  |
| --- | --- | --- |
| **Do you want to take advantage of the service?** | **Yes** | **No** |

**ACCOMMODATION**

|  |  |  |
| --- | --- | --- |
| **Do you want to reserve a place in the student hall of residence?** | **Yes** | **No** |
| **Do you have any special accommodation needs** **related to your state of health?** | **Yes** | **No** |
| *If yes, please specify:* |
| **Do you have any preferences concerning accommodation?** | *Please specify:* | |
| **Dates for accommodation reservation** | **Arrival date:**  *dd/mm/yy* | **Departure date:**  *dd/mm/yy* |

**STUDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Signature** |  | **Date** | *dd/mm/yy* |

**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:** | | | | |
| **Signature** |  | | **Date** | *dd/mm/yy* |
| **Institutional coordinator:** Assoc. Prof. Boryan Yanev, PhD | | | | |
| **Signature** |  | | **Date** | *dd/mm/yy* |