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| **PHOTO** |

**STUDENT APPLICATION FORM**

ACADEMIC YEAR **2020*/* 2021**

Semester 1 Semester 2

NAME OF THE EXCHANGE PROGRAMME**: ERASMUS+**

This application should be completed in **BLACK** **preferably with a computer** in order to be easily copied and/or faxed. The data the student will enter into the form will be used to communicate with him/her, so please fill in the form legibly. Please send one form by e-mail (international@fd.si) and the other send by ordinary mail with a photo and your signature.

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| **FIELD of STUDY:** |

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| **SENDING INSTITUTION**Name and full address: Departmental coordinator - name, telephone, fax and e-mail: Institutional coordinator - name, telephone, fax and e-mail:  |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

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| Family name: First name (s): Date of birth: Place of Birth: Sex: M F Nationality: Permanent address: Current Address (if different):Tel.: Fax: E-mail:  |

**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 |
| .............................................................................. | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 |

**With the Application form the student must also send a Transcript of Records, a CV or/and Portfolio of his work and a proposed version of the Learning Agreement.**

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| **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 institutionnot accepted at our institutionInstitutional coordinator’s signature..........................................................................................Date: ............................................................................... |
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| **SENDING INSTITUTION** |
| We hereby acknowledge receipt of the application, the proposed Learning Agreement and the candidate’s Transcript of records. |
| Departmental coordinator’s signature..............................................................................Date: .................................................................... | Institutional coordinator’s signature..........................................................................................Date :................................................................................ |
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**The Application Form must be sent to:**

**Faculty of Design, Associated member of University of Primorska
Department for International Affairs, Science and Research
Prevale 10**

**SI-1236 Trzin
Slovenia**

**Your application must be confirmed by your home institutions’ Erasmus institutional or departmental coordinator.**