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| **PHOTO** |

**STUDENT APPLICATION FORM**

ACADEMIC YEAR **2021/2022**

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 ([jan.krmelj@fd.si](mailto:jan.krmelj@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 institution  not accepted at our institution  Institutional 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.**