ECTS -- EUROPEAN CREDIT TRANSFER SYSTEM

TASSEP STUDENT APPLICATION FORM

ACADEMIC YEAR 20 /20

FIELD OF STUDY:

SENDING INSTITUTION

Name and full address:
Departmental Coordinator -- name, telephone and, e-mail:

Institutional Coordinator -- name, telephone and, e-mail:

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.:
Email:

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

<table>
<thead>
<tr>
<th>Institution</th>
<th>Country</th>
<th>period of study from</th>
<th>to</th>
<th>Duration of stay (months)</th>
<th>No. of expected ECTS credits</th>
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Name of student: 
Sending institution: 
Country: 

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

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**LANGUAGE COMPETENCE**

<table>
<thead>
<tr>
<th>Mother tongue:</th>
<th>Language of instruction at home institution (if different):.......................</th>
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<tbody>
<tr>
<td>Other languages</td>
<td>I am currently studying this language YES N O</td>
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<tr>
<td>English</td>
<td>YES N O</td>
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**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

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<th>Type of work experience</th>
<th>Firm/organisation</th>
<th>dates</th>
<th>country</th>
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**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? 
If yes, when? at which 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. 

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? 
Yes  No

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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 provisionally accepted at our institution not accepted at our institution

Departmental coordinate’s signature Institutional coordinator’s signature

............................................................ ..................................................
Date: ................................................. Date: .................................................
Addendum to TASSEP application form

Hereby, the candidate agrees to this international mobility through program TASSEP and will not refuse the proposed destination (one of the institutions published in the candidate list) after the European committee have proceeded to the selection.

If the candidate has any doubt on his participation, he has to contact the TASSEP coordinator before January 20th to delete his application.

List of destinations:

Name of candidate/ institution

Date

Signature
ECTS -- EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT
ACADEMIC YEAR 20/ FIELD OF STUDY:

Name of student: .............................................................................................................
Sending institution:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:
.....................................................................................................................  Country: .........................

<table>
<thead>
<tr>
<th>Course unit code (if any) and page no. of the information package</th>
<th>Course unit title (as indicated in the information package)</th>
<th>Number of ECTS credits</th>
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if necessary continue this on a separate sheet

I, name of the student declare that I will honor this program in case of selection
Student’s signature
.....................................................................................................................  Date: .................................

SENDING INSTITUTION
We confirm that this proposed program of study/learning agreement is approved.
Departmental coordinator’s signature  Institutional coordinator’s signature
.....................................................................................................................  ........................................................
Date: .....................................................  Date: .....................................................
**RECEIVING INSTITUTION**

We confirm that this proposed program of study/learning agreement is approved.

Departmental coordinator’s signature  Institutional coordinator’s signature

........................................................................................................................................

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

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**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM/LEARNING AGREEMENT**

*(to be filled ONLY if appropriate)*

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<th>Course unit code (if any) and page no. of the information package</th>
<th>Course unit title (as indicated in the information package)</th>
<th>Deleted course unit</th>
<th>Added course unit</th>
<th>Number of ECTS credits</th>
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*if necessary continue this on a separate sheet*

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**Student’s signature**

........................................................................................................  Date: ..................................................
SENDING INSTITUTION

We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator’s signature  Institutional coordinator’s signature

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

RECEIVING INSTITUTION

We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator’s signature  Institutional coordinator’s signature

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