

LLP (Erasmus) STUDENT APPLICATION FORM: STUDY ABROAD (SMS)

The blanket has to be filled in **electronically** and mailed to ldr@viauc.dk and also send by post with signature and stamp to VIA University College, Egebjergvej 1, 8751 Gedved, DK, att.: Lone Drescher.

PERIOD OF STUDY ABROAD

Period of study abroad:	Spring semester 200__ / Autumn semester 200__
Please indicate which semester substitutes your study abroad:	Semester number ____ of ____ semesters

SENDING INSTITUTION

Faculty / School:	
Programme of study:	
Head of Programme / Department:	
International contact person: Name Phone E-mail Fax	
Sending institution:	

STUDENT'S PERSONAL DATA

First name(s):		Last name(s):	
Sex:	Male __ / Female __	Civ. Reg. No.:	
Phone:	In home country: While abroad:	Student No.:	
Nationality:		Place of birth:	
Permanent address in home country:		Current address abroad– valid until:	
E-Mail at home institution:		Private E-mail:	
Next of Kin Information: Whom to contact if necessary.	Name: Address: Phone: E-mail:		

PREFERRED INSTITUTIONS (in order of preference)

	Institution	Country	Period of Study		Duration of stay (months)	No. of expected ECTS credits
			From	To		
1.						
2.						

Briefly state the reasons why you wish to study abroad:

LANGUAGE COMPETENCE

Mother tongue: _____
 Language of instruction at home institution (if different): _____
 Language test results: Language test at: _____ Score result: _____

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I will have sufficient knowledge to follow lectures if I get some extra preparation	
	Yes	No	Yes	No	Yes	No
English						
Host Country						

PREVIOUS AND CURRENT STUDY

Number of higher education study years prior to departure abroad: _____

Have you already been studying abroad? Yes: ____ No: ____

If yes, when? _____ At which institution? _____

Have you received an ERASMUS grant previously? Yes: __ No: __

If yes which grant, when and for which activity? _____

The attached “**Learning Agreement**” includes full details of required courses and projects to attend during my intended study period at the Host University.

Name of student:	Date: _____ Signature
Approved by Sending Institution:	Date: _____ Signature (Int. Contact Person)

RECEIVING INSTITUTION:

We: _____
 hereby acknowledge receipt of the application and the student’s proposed Learning Agreement.
 The above-mentioned student is:
 accepted at our institution ____
 not accepted at our institution ____

International contact person	Head of Programme
Name:	Name:
E-mail:	Date:
Phone: +	Signature