|  |
| --- |
| 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**  [x]  | **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* |