**ERASMUS+ PROGRAMME**

**STUDENT NOMINATION/APPLICATION FORM**

**STUDENT MOBILITY FOR STUDY AND/OR TRAINEESHIP**

**Algebra University College**

**Zagreb, Croatia**

**Please fill in this application form in English. After both the student and Erasmus Coordinator sign it, upload it to the webpage or send the scan with all the required attachments to the following address:** [**erasmus@algebra.hr**](mailto:erasmus@algebra.hr)**. The original is not required.**

**STUDENT PERSONAL INFORMATION:**

|  |  |
| --- | --- |
| FIRST NAME\*: |  |
| LAST NAME\*: |  |
| DATE OF BIRTH\*: |  |
| PLACE OF BIRTH\*: |  |
| NATIONALITY\*: |  |
| SEX (M/F)\*: |  |
| CONTACT ADDRESS\*: |  |
| PERMANENT ADDRESS (if different from contact address): |  |
| PHONE: |  |
| MOBILE: |  |
| E-MAIL\*: |  |

|  |  |
| --- | --- |
| STUDY CYCLE DURING THE MOBILITY PERIOD (1st, 2nd, 3rd)\*: |  |
| NUMBER OF HIGHER EDUCATION STUDY YEARS PRIOR TO DEPARTURE ABROAD:\*: |  |
| GRADES AVERAGE OF ALL COURSES\*: |  |

|  |  |
| --- | --- |
| DIPLOMA/DEGREE FOR WHICH YOU ARE CURRENTLY STUDYING\*: |  |
| HAVE YOU ALREADY STUDIED ABROAD (YES/NO)\*? |  |
| IF YOU ALREADY STUDIED ABROAD, WHEN AND AT WHICH INSTITUTION? |  |

|  |  |
| --- | --- |
| LANGUAGE COMPETENCE LEVEL\* (according to CEFR, <http://en.wikipedia.org/wiki/Common_European_Framework_of_Reference_for_Languages>): | ENGLISH:  CROATIAN: |
| MOTHER TONGUE\*: |  |
| LANGUAGE OF INSTRUCTION AT HOME INSTITUTION (if different from mother thong): |  |
| LANGUAGE COMPETENCE CERTIFICATES: |  |

**HOME INSTITUTION**

|  |  |
| --- | --- |
| NAME OF THE INSTITUTION\*: |  |
| COUNTRY\*: |  |
| ADDRESS\*: |  |
| ERASMUS CODE\*: (if you don’t know the Erasmus code of your institution, please contact your Erasmus coordinator): |  |

**HOME INSTITUTION ERASMUS CONTACT/COORDINATOR:  
(this will be the contact for all Erasmus documents and procedures)**

|  |  |
| --- | --- |
| FIRST NAME\*: |  |
| LAST NAME\*: |  |
| OFFICE POSTAL ADDRESS\*: |  |
| PHONE\*: |  |
| MOBILE: |  |
| EMAIL\*: |  |

**COURSES THAT THE STUDENT WANTS TO ATTEND DURING THE MOBILITY PERIOD:**

|  |  |
| --- | --- |
| COURSE 1: |  |
| COURSE 2: |  |
| COURSE 3: |  |
| COURSE 4: |  |
| COURSE 5: |  |
| COURSE 6: |  |
| … |  |

**IF THE STUDENT WANTS TO FINISH HIS FINAL THESIS/PROJECT AT THE HOST INSTITUTION, PLEASE FILL IN THE FOLLOWING DATA:**

|  |  |
| --- | --- |
| TOPIC OR TITLE: |  |
| NAME, EMAIL ADDRESS AND PHONE NUMBER OF THE MENTOR ON HOST INSTITUTION: |  |
| NUMBER OF ECTS POINTS REQUIRED FOR THE FINAL THESIS/PROJECT: |  |

**IF THE STUDENT WANTS TO DO HIS TRAINEESHIP AT THE HOST INSTITUTION, PLEASE FILL IN THE FOLLOWING DATA:**

|  |  |
| --- | --- |
| PLEASE DESCRIBE THE KNOWLEDGE AND COMPETENECIES THAT YOU NEED/PLAN TO GAIN DURING YOUR TRAINEESHIP: |  |
| IS THE TRAINEESHIP A PART OF YOUR REGULAR STUDY PROGRAM (YES/NO): |  |
| IF THE TRAINEESHIP IS NOT A PART OF YOUR REGULAR STUDY PROGRAM, PLEASE DESCRIBE THE RELATION OF THE TRAINEESHIP TO YOUR STUDY PROGRAM: |  |

**PLANNED MOBILITY PERIOD:**

|  |  |  |  |
| --- | --- | --- | --- |
| START DATE\*: |  | END DATE\*: |  |
| TOTAL NUMBER OF MONTHS\*: |  | | |
| SEMESTER\* (winter/summer): |  | | |

**ACCOMODATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| I REQUIRE STUDENT ACCOMMODATION IN REGULAR STUDENT DORMITORIES (YES/NO)\*: | |  | |
| START DATE: |  | END DATE: |  |

**ATTACHMENTS REQUIRED (scanned):**

* **Transcript of records with Learning outcomes (documents in which we can see what student have learned with passing an exam)**
* **CV in Europass format**
* **English Language Certificate - an internationally recognised English language certificate (e.g. IELTS/TOEIC/TOEFL/FCE) or a letter from the home institution confirming the student’s level of English**

**MOTIVATION LETTER (In English):**

*Please introduce yourself briefly. Describe your academic interests, reasons for applying, your motivation for exchange at our institution, your expectations, potential value and results that you are planning to gain during the mobility period (max. one page, font Times New Roman, font size 11).*

**STUDENT´S DECLARATION:**

|  |  |
| --- | --- |
| **I confirm that all details given in the application form are correct and complete.**  **I agree that University College Algebra may use my photograph in school´s brochures and website. My personal data may be used for the purpose of mentoring exchange students.** | |
| **Student’s signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Place and date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |

**ON BEHALF OF THE SENDING (HOME) INSTITUTION:**

|  |  |
| --- | --- |
| **Name of the Erasmus coordinator (at department level):** |  |
| **Erasmus coordinator’s signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Place and date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**ON BEHALF OF THE RECEIVING (HOST) INSTITUTION:**

|  |  |
| --- | --- |
| **We hereby acknowledge receipt of the application, CV and transcript of records. The above-mentioned student is**  **Accepted at our institution**  **Not accepted at our institution** | |
| **Name of the Erasmus coordinator:** |  |
| **Erasmus coordinator’s signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Place and date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |