**ERASMUS+ PROGRAMME**

**APPLICATION FORM**

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

**Algebra University College**

**Zagreb, Croatia**

**Please fill in this application form in English and upload it to the webpage. The original is not required.**

**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\*: |  |

|  |  |
| --- | --- |
| LEVEL OF STUDIES (BACHELOR/MASTER) |  |
| CURRENT YEAR OF STUDY\*: |  |
| GRADES AVERAGE OF ALL COURSES\*: |  |

|  |  |
| --- | --- |
| STUDY PROGRAM AT HOME UNIVERSITY\*: |  |
| 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 tongue): |  |
| 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\*: |  |

**IF YOU WANT TO FINISH HIS FINAL THESIS/PROJECT AT THE HOST INSTITUTION, PLEASE FILL IN THE FOLLOWING INFORMATION:**

|  |  |
| --- | --- |
| 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 YOU WANT TO DO YOUR TRAINEESHIP AT THE HOST INSTITUTION, PLEASE FILL IN THE FOLLOWING INFORMATION:**

|  |  |
| --- | --- |
| 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: |  |

**ACCOMODATION:**

|  |  |
| --- | --- |
| I NEED HELP WITH FINDING ACCOMMODATION (YES/NO)\*: |  |

**MOTIVATION LETTER (In English):**

*Please introduce yourself briefly. Describe your academic interests, reasons for applying, your motivation for mobility 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).*

**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**

**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:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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