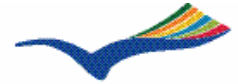




**ECTS - EUROPEAN CREDIT TRANSFER
AND ACCUMULATION SYSTEM**

STUDENT APPLICATION FORM



Education and Culture DG

Lifelong Learning Programme

ACADEMIC YEAR: _____

FIELD OF STUDY: _____

(Photograph)

Please fill in the fields requested before printing and signing the form.

SENDING INSTITUTION

Name and full address:

University of Tampere (Tampereen yliopisto) SF TAMPERE01, FI-33014 University of Tampere, Finland, tel. +358 3 355 111 (switchboard), fax +358 3 3551 6503, e-mail: intoffice@uta.fi, www.uta.fi/studies/

Departmental coordinator - name, telephone, fax and e-mail *(to be completed by the Department)*:

.....
.....

Erasmus Institutional coordinator - name, telephone, fax and e-mail

Ms. Kaisa Kurki, Coordinator of International Education

tel.+358 40 1901 531, fax: +358 3 3551 6503, e-mail: kaisa.kurki@uta.fi

STUDENT'S PERSONAL DATA

(to be completed by the applicant)

Family name: _____

First name(s): _____

Date of birth: _____

Place of birth: _____

Sex: Female Male

Student number at the University of Tampere: _____

Nationality: _____

Current address:

Permanent address (if different):

Current address is valid until:

Tel.: _____

Tel.: _____

Personal e-mail address: _____

Additional e-mail address: _____

INSTITUTION YOU ARE APPLYING TO

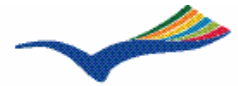
Institution	Erasmus Code	Country	Period of study		Duration of stay (months)
			from	to	

Are you applying to any institutions through other departments? Yes If so, which (specify below)? No



ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

STUDENT APPLICATION FORM



Education and Culture DG
Lifelong Learning Programme

Name of student: _____

LANGUAGE COMPETENCE

Mother tongue: _____

Language of instruction at home institution (if different): _____

Other languages	I am currently studying this language	I have sufficient knowledge to follow lectures	I would have sufficient knowledge to follow lectures if I had some extra preparation

PREVIOUS AND CURRENT STUDY


Degree for which you are currently studying: _____
 Year started: _____
 Home department and major subject: _____
 Have you already been studying abroad? Yes No
 If Yes, when? At which institution? _____
 Have you already received an Erasmus grant? Yes No

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

ENCLOSURES

Transcript of records.....
 Curriculum vitae (in the language of instruction).....
 Statement of purpose including a preliminary study plan (in the language of instruction).....

Student's signature  _____ Date: _____