***College of Applied Sciences „Lavoslav Ružička“* in *Vukovar***

**Student Application Form**

**Erasmus+ incoming mobility**

## STUDENT’S PERSONAL DATA

*To be filed by incoming student.*

The data the student will enter into the form will be used to communicate with him/her, so please fill in the form legibly.

|  |  |
| --- | --- |
| Name and surname |  |
| Date of birth |  |
| Place of Birth  Region  Country |  |
| Sex | F  M |
| Nationality |  |
| TEL. |  |
| E-MAIL |  |
| Current address  with postcode and city |  |
| Current address is valid until |  |
| Permanent address (if different) with postcode and city |  |

**PREVIOUS AND CURRENT STUDY**

|  |  |
| --- | --- |
| Field of study |  |
| Diploma/degree for which you are currently studying |  |
| Number of higher education study years in time of arriving/prior to departure |  |
| Study level at home HEI | First cycle - Bachelor's level  Second cycle - Master's level  Third cycle - PhD |
| Adress of HOME HEI |  |
| Have you already been studying abroad? | yes  no |
| If Yes, when? At which institution? |  |

The attached Transcript of records includes full details of previous and current higher education study (in english).

Details not known at the time of application will be provided at a later stage.**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 | |
|  | yes | no | yes | no | yes | no |
|  |  |  |  |  |  |  |

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience | Institution/organisation | Dates | Country |
|  |  |  |  |
|  |  |  |  |

**Endorsment letter – sending institution**

*To be filled in by sending institution*

|  |  |
| --- | --- |
| Name of the sending institution |  |
| Erasmus code |  |
| Home Faculty/ department |  |
| FULL ADDRESS  (address, city) |  |
| Province / Country |  |
| Departmental coordinator/Institutional coordinator- person n charge  (name, telephone, fax, email): |  |
| **PERSONE IN CHARGE SIGNATURE AND OFFICIAL STAMP/**  confirming student's status, nomination for the Erasmus exchange and sufficient knowledge of English | |

**MOBILITY PROGRAM AT HOST INSTITUTION**

|  |  |
| --- | --- |
| Host department at VEVU | Administration Department  Business Department  Department for Health studies |
| Mobility propose | SMS (study)  SMS (research and writing work)  SMP (student practice) |
| Level of study you apply for | undergraduate  graduate (only Department for Health studies) |
| Field of study |  |
| Student year that you applay at vevu | **Undergraduate  1 2 3 Graduate  4  5** |
| Academic year | 20     /20 |
| Mobility term | Winter Semester  Summer Semester  Full academic year |
| Semester of courses attendence  (mark all semesteres thata you attend the courses) | **Undergraduate  1 2 3  4 Graduate 5 6** |

***Mobility program as agreed with the ECTS Host Coordinator, the courses listed in the Learning Agreement.***

***\**Fill in only for the final work:**

|  |  |
| --- | --- |
| Topic |  |
| Host mentor at VEVU |  |
| Mentor at home institution |  |
| Title of course – for finl work at VEVU |  |

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* Learning Agreement (signed by student and sending institution)
* Transcript of Records (in English language, stamped and signed by authorized persons at your faculty)
* Certificate of study student status (has to be signed by a competent person at your home university).
* Copy of Passport or ID card
* CV in Europass format (in English)
* Language Certificate (certificate from host university or document proving your level of English – cannot be lower than B2 – exceptions are native speakers)
* 1 passport-size photo

Please return this Application Form scaned with attached documentation completed in PDF form before 10 June 20\_\_ for winter semester and whole academic year and 10 November 20\_\_ for summer semester scanned to the e-mail address [erasmus@vevu.hr](mailto:erasmus@vevu.hr).

***The originals OF THE APPLICATION FORM AND ALL THE DOCUMENTS ARE TO BE SUBMITTED UPON ARRIVAL AT THE VEVU BY STUDENT.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

According to article II.7.2. Processing of personal information by the user of Annex I. - General Conditions of the Grant agreement signed between National Agency (AMPEU) and beneficiary (VEVU), VEVU will ensure that all personal data included in the application form shall be processed in accordance with Regulation (EC) No 45/2001 and Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data by the EU institutions and bodies and on the free movement of such data. Such data shall be processed solely in connection with the implementation and follow-up of the agreement by the institution, the National Agency and the European Commission, without prejudice to the possibility of passing the data to the bodies responsible for inspection and audit in accordance with EU legislation (Court of Auditors or European Antifraud Office (OLAF)) and will not process the collected data for any other purpose than those described above.

**With this application, I the applicant, give my permeation to the host institution to use my personal data for the purpose of the implementation of the mobility and Erasmus+ project.**

Place:

Date:

Incoming student signature:

**TO BE FILLED IN BY RECEIVING INSTITUTION (VEVU/DEPARTMENT)**

I 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 |
| Date |  |
| **Departmental ECTS coordinator’s signature:** | |