University of Applied Health Sciences – Erasmus+ programme

**STUDENT APPLICATION FORM**

ACADEMIC YEAR **20\_\_\_\_/20\_\_\_\_\_**

Winter Semester Application deadline: 15 June

Summer Semester Application deadline: 1 December

Full academic year Application deadline: 15 June

This application should **be completed ELECTRONICALLY in BLACK** in order to be easily copied and/or faxed. The data the student enters into the form will be used to communicate with him/her, so please fill in the form **with corrent information.**

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| FIELD OF STUDY: |  |
| LEVEL OF STUDY YOU ARE APPLYING FOR: | **UNDERGRADUATE** | **GRADUATE** |

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| **1. STUDENT'S PERSONAL DATA** |
| NAME AND SURNAME: |  | GENDER: |  **M** |  **F** |
| PLACE OF BIRTH: |  |  DATE OF BIRTH: |
| MOTHER'S NAME: |  | FATHER'S NAME: |
| CURRENT ADDRESS: |  | POSTCODE /CITY: |
| CURRENT ADDRESS IS VALID UNTIL: |  | NATIONALITY: |
| PERMANENT ADDRESS (IF DIFFERENT): |  | POSTCODE /CITY: |
| E-MAIL: |  PHONE: | FAX: |

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| **2. SENDING INSTITUTION** |
| NAME:ERASMUS CODE: |  |
| FULL ADDRESS (address, city, country): |  |
| **DEPARTMENTAL** **COORDINATOR** (name, telephone, fax, email): |  |
| **INSTITUTIONAL** COORDINATOR (name, telephone, fax, email): |  |
| **DEPARTMENTAL** COORDINATOR'S SIGNATURE AND OFFICIAL STAMP/ confirming student's status, nomination for the Erasmus exchange and sufficient knowledge of English / |

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| **3. INSTITUTION WHICH WILL RECEIVE THIS APPLICATION** |
| UNIVERSITY OF APPLIED HEALTH SCIENCESMlinarska cesta 38, HR-10000 Zagreb, HRERASMUS ID: HR ZAGREB04 | PERIOD OF STUDY | DURATION OF STAY (months) |
| FROM | TO |  |

|  |
| --- |
| **4. LANGUAGE COMPETENCE** |
| MOTHER TOUNGUE: |  | LANGUAGE OF INSTRUCTION AT HOME (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 |
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| **5. WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)** |
| TYPE OF WORK EXPERIENCE | FIRM/ORGANISATION | DATES | COUNTRY |
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| **6. PREVIOUS AND CURRENT STUDY** |
| DIPLOMA / DEGREE FOR WHICH YOU ARE CURRENTLY STUDYING: |  |
| NUMBER OF HIGHER EDUCATION STUDY YEARS PRIOR TO DEPARTURE ABROAD: |  | HAVE YOU ALREADY BEEN STUDYING ABROAD? | **YES** | **NO** |
|  IF YES, WHEN? AT WHICH INSTITUTION? |  |  |  |  |

**TO BE FILLED IN BY RECEIVING INSTITUTION**

We herby 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's signature Institutional coordinator's signature

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Date: Date:

**Scanned copy of Application form is to be sent by regular email to:**

**martina.klanjcic@zvu.hr**

***with the following scanned documents attached:***

1. Learning Agreement for studies or Learning Agreement for Traineeships; approved by your departmental coordinator
2. Confirmation of Erasmus student status
3. Transcript of Records from your home University (signed and stamped)
4. Copy of valid Passport / ID card
5. CV in Europass format (in English)
6. Confirmation of your current language level - this confirmation can be issued by your home university or it can be language school certificate (Please note that level must be at least B1, B2 recommended)
7. Accommodation request form (if you wish to be placed in a students dormitory) – University of Applied Health Sciences does not guarantee placement, it depends on the availability of rooms in the dormitory

**THE ORIGINALS OF THE APPLICATION FORM AND ALL THE DOCUMENTS ARE TO BE SUBMITTED UPON ARRIVAL AT THE UNIVERSITY. THEY CAN BE SENT BY REGULAR POST AS WELL, BUT NEED TO ARRIVE BEFORE THE STUDENTS ARRIVAL AT UNIVERSITY.**

*Name/Surname* - Erasmus+ Application

Zdravstveno veleučilište/University of Applied Health Sciences

Mlinarska cesta 38

HR-10000 Zagreb / CROATIA