



University of Applied Health Sciences – Erasmus+ programme

## STUDENT APPLICATION FORM

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

Winter Semester  Application deadline: 1 June  
 Summer Semester  Application deadline: 15 November  
 Full academic year  Application deadline: 1 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 correct information**.

FIELD OF STUDY:	
LEVEL OF STUDY YOU ARE APPLYING FOR:	<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE

### 1. STUDENT'S PERSONAL DATA

NAME AND SURNAME:	GENDER:	<input type="checkbox"/> M	<input type="checkbox"/> F
PLACE OF BIRTH:	DATE OF BIRTH:		
CURRENT ADDRESS:	POSTCODE / CITY:		
CURRENT ADDRESS IS VALID UNTIL:	NATIONALITY:		
PERMANENT ADDRESS (IF DIFFERENT):	POSTCODE / CITY:		
E-MAIL:	PHONE:	FAX:	

### 2. SENDING INSTITUTION

NAME:
ERASMUS CODE:
FULL ADDRESS (address, city, country):

<b>DEPARTMENTAL COORDINATOR</b> (name, telephone, fax, email):
<b>INSTITUTIONAL COORDINATOR</b> (name, telephone, fax, email):
<b>DEPARTMENTAL COORDINATOR'S SIGNATURE AND OFFICIAL STAMP</b> / confirming student's status, nomination for the Erasmus exchange and sufficient knowledge of English /

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

#### 4. LANGUAGE COMPETENCE

OTHER LANGUAGES	LANGUAGE OF INSTRUCTION AT HOME (if different):					
	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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 5. WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

TYPE OF WORK EXPERIENCE	FIRM/ORGANISATION	DATES	COUNTRY

#### 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHEN? AT WHICH INSTITUTION?	

**TO BE FILLED IN BY RECEIVING INSTITUTION**

We 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

Departmental coordinator's signature

Institutional coordinator's signature

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

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

**erasmus@zvu.hr**

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

1. Learning Agreement for Studies or Learning Agreement for Traineeships; approved by your departmental coordinator
2. Transcript of Records from your home University (signed and stamped)
3. Copy of valid Passport / ID card
4. CV in Europass format (in English)
5. 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)
6. 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