(Photograph)

**ERASMUS+ STUDENT APPLICATION FORM**

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| --- | --- |
| **ACADEMIC YEAR** **2021/2022** | **FIELD OF STUDY**: |

**This application should be completed in BLACK in order to be easily copied and/or scanned.**

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| **Deadlines for receiving the applications:** | **Please send your application to:** | **Questions about your application**: |
| 1st semester / or full academic year:**15 August, 2020**2nd semester: **15 November, 2020** | Higher educational Institute Fizioterapevtika. Slovenska cesta 58; 1000 Ljubljana | Mrs. Špela Šavs Čižmek Erasmus coordinatorTel: +386 (0)1 361 20 55 / +386 (0)40 888 870Website: www.fizioterapevtika.siE-mail: erasmus@fizioterapevtika.si |

SENDING INSTITUTION

(to be completed by the student applying or sending institution):

Name and full address:

Institutional coordinator - name, telephone and telefax numbers, e-mail box:

Department coordinator - name, telephone and telefax numbers, e-mail box:

STUDENT’S PERSONAL DATA

(to be completed by the student applying)

|  |  |
| --- | --- |
| **Family name**:**Date of birth**: **Sex***:* 🞏 female / male 🞏**Nationality**: **Permanent address**: **City and Postal code**: **Country**: **Tel** (including country code):  | **First and middle name (s)**: **Place of Birth**:**Passport No**:**Tax number:****Native language:** **Mailing address** (if different): **City and Postal code**: **Tel**:  |
| **E-mail**:  |

We inform you that filling in all the requested information is compulsory. To protect your Personal Data your file is used for administrative and data history purposes only.

**PERIOD OF STUDY AT THE HIGHER EDUCATION INSTITUTE FIZIOTERAPEVTIKA:**

**From** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20.. **to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20..

**Duration of stay:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **(months)***.*

**Number of expected ECTS**: \_\_\_\_\_\_\_\_\_\_\_\_

Level of knowledge of Slovenian language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of knowledge of English language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you wish to study Slovenian? 🞏Yes / No 🞏

|  |  |
| --- | --- |
| Student’s signature: | International office responsible signature and Stamp of sending institution |
|  |  |

Date:

MOTIVATION

Briefly state the reasons why you wish to study abroad:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **LANGUAGE COMPETENCE**

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| --- |
| Native language:  |
| 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 |
|  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

# **PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| Diploma/degree for which you are currently studying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of higher education study years prior to departure abroad, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you already been studying abroad? Yes 🞎 No 🞎If Yes, when? At which institution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## RECEIVING INSTITUTION

**Hereby we acknowledge the receipt of** 🞎 the application

 🞎 the proposed learning agreement

 🞎 the candidate’s Transcript of records.

**The above-mentioned student** 🞎 provisionally accepted at our institution.

 🞎 not accepted at our institution.

International department,

Erasmus coordinator’s signature:

Mrs. Špela Šavs Čižmek

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Institutional coordinator’s signature,

Dean of Higher education institute Fizioterapevtika

Izr. prof. dr. Friderika Kresal

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Stamp and Date: