



**APPLICATION FORM INCOMING STUDENTS  
ERASMUS AND EXTRA ERASMUS STUDENTS**

**Student Personal Data**

*(to be completed by the student applying)*

Family Name: \_\_\_\_\_

First Name (s) : \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

ID Number/Passport Number: \_\_\_\_\_

Current Address (Street/City/Zip Code/Nation): \_\_\_\_\_  
\_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**FIELD OF STUDY:** \_\_\_\_\_

**TERM of STUDY**  Winter  Summer

**Academic YEAR:** \_\_\_\_\_

SENDING INSTITUTION

Name and full address \_\_\_\_\_  
\_\_\_\_\_

Institutional Coordinator – name, telephone, email  
\_\_\_\_\_



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**Main reasons why I wish to study at Link Campus University:**


### Language Competencies

<b>Mother tongue:</b> _____		<b>Language of instruction at home institution (if different)</b> _____				
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
	<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"/>



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### Previous and Current Study

Diploma/degree for which you are currently studying: \_\_\_\_\_

Erasmus Coordinator's name and signature \_\_\_\_\_  
Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, and the proposed Learning Agreement..

The above-mentioned student is  provisionally accepted at our institution

not accepted at our institution

Institutional coordinator's signature

\_\_\_\_\_

Date \_\_\_\_\_