

ERASMUS+
STUDENT APPLICATION FORM
For placement

ACADEMIC YEAR 2018 /2019

FIELD OF STUDY: _____

This application should be completed in BLACK in order to be easily copied,
faxed or e-mailed

Current
Photo

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: _____	First name (s): _____
Date of birth: _____	Passport Nr./ID Nr. _____
Sex: . _____ Nationality: _____	
Place of Birth: _____	
Current address: _____	Permanent address (if different): _____
_____
_____
_____
Tel.: _____
E-mail: _____

SENDING INSTITUTION

P.Stradins Medical College of the University of Latvia (LV JURMALA03)

Vidus prospekts 38, Jūrmala, LV – 2010, LATVIA

www.psk.lu.lv

International coordinator: Ms Aiga Grauduma, T. +371 29408619, e-mail: sadarbiba@psk.lv

LIST OF INSTITUTIONS WHERE YOU WOULD LIKE TO STUDY/PRACTICE (in order of preference, max 3):

Institution	Country	Period of study/placement		Duration of stay (months)	N° of expected ECTS credits
		from	to		

LANGUAGE COMPETENCE

Mother tongue: _____

Other languages	Level	
	B1	B2
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY/TRAINING PLANNED (if relevant)

Type of work experience	Firm/organisation	Dates	Country
.....
.....

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: 1st level higher professional education
 Number of higher education study years prior to departure abroad: 1st 2nd 3rd
 Have you already been studying or in practice abroad ? Yes No
 If Yes, when ? At which institution ?
 Recent graduate: Yes No

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement / training agreement and the candidate's Transcript of records.

The above-mentioned student is

- provisionally accepted at our institution
- not accepted at our institution

Signature of Head of Department of Studies

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Date: