****

**Latvijas Universitātes P.Stradiņa medicīnas koledža**

**LV JURMALA03**

Vidus prospekts 36/38, Jūrmala, LV - 2010

Tel. +371 67752507, Fakss +371 67752214

**LLP/ERASMUS**

**STUDENT APPLICATION FORM**

**(Photograph)**

**ACADEMIC YEAR 2012 /2013**

**For studies:** ⁬ **for placement:** X

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

|  |
| --- |
| **SENDING INSTITUTION**  Name and full address: Latvijas Universitātes P.Stradiņa medicīnas koledža, Vidus prospekts 36/38, Bulduri, Jūrmala, LV – 2010, LATVIA  Department coordinator - name, telephone, fax and e-mail:  Institutional coordinator - name, telephone, fax and e-mail: Aiga Grauduma, +371 67754928, fax: +371 67752214, e-mail – sadarbiba@psk.lv |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: .\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_  Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ..............................................................................  Current address is valid until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax: .....................................................................  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permanent address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ..........................................................................................  ..........................................................................................  ..........................................................................................  ..........................................................................................  Tel.: .................................................................................  Fax: .................................................................................  E-mail: ............................................................................ |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | Country | Period of study/placement  from to | | Duration of stay (months) | N° of expected ECTS credits |
| 1. .......................................  2. ........................................  3. ........................................ | .................  ..................  ................... | .............  .............  ............. | ............  ...........  ........... | ............  .............  .............. | ......................................  ........................................  ......................................... |

|  |
| --- |
| Briefly state the reasons why you wish to study abroad ?  ...........................................................................................................................................................................  ............................................................................................................................................................................  ............................................................................................................................................................................ |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue: ................... Language of instruction at home institution (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 |
| ..........................  ..........................  .......................... | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |

**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 of the professional higher education  Number of higher education study years prior to departure abroad:  Have you already been studying abroad ? Yes 🞏 No 🞏  If Yes, when ? at which institution ? .................................................................................................................  **The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will provided be at a later stage.** |

|  |
| --- |
| Do you wish to apply for a mobility grant to assist towards the additional costs of your study/training period abroad? 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 🞏  🞏  Departmental coordinator’s signature  ..............................................................................  Date: .................................................................... | provisionally accepted at our institution  not accepted at our institution  Institutional coordinator’s signature  ..........................................................................................  Date :................................................................................ |
|  | |