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**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

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| **SENDING INSTITUTION**Name and full address: Latvijas Universitātes P.Stradiņa medicīnas koledža, Vidus prospekts 36/38, Bulduri, Jūrmala, LV – 2010, LATVIADepartment 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/placementfrom to | Duration of stay (months) | N° of expected ECTS credits |
| 1. .......................................2. ........................................3. ........................................ | ...................................................... | ....................................... | .................................. | ....................................... | ....................................................................................................................... |

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

**LANGUAGE COMPETENCE**

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| --- |
| 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**

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| --- |
| Diploma/degree for which you are currently studying: 1st level of the professional higher educationNumber 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.** |

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| Do you wish to apply for a mobility grant to assist towards the additional costs of your study/training period abroad? Yes ⌧ No 🞏 |

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| **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 institutionnot accepted at our institutionInstitutional coordinator’s signature..........................................................................................Date :................................................................................ |
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