****



**ERASMUS+**

**STUDENT APPLICATION FORM**

**For placement**

|  |
| --- |
| *Current*  *Photo* |

**ACADEMIC YEAR 2025/2026**

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

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

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

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

|  |
| --- |
| **SENDING INSTITUTION**  P.Stradins Medical College of the University of Latvia (LV JURMALA03)  Vidus prospekts 38, Jūrmala, LV – 2010, LATVIA  [www.psk.lu.lv](http://www.psk.lu.lv)  International coordinator: Ms Aiga Grauduma, T. +371 29408619, e-mail: Aiga.Grauduma@lupsk.edu.lv |

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

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

**LANGUAGE COMPETENCE**

**Mother tongue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Other languages | Level | |
| **B1** | **B2** |
|  | 🞏  🞏  🞏 | 🞏  🞏  🞏 |
| ..........................  ..........................  .......................... |

**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  ...................................................................................  Date: |