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**ERASMUS+**

**STUDENT APPLICATION FORM**

**For placement**

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| *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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_........................................................................................................................................................................................................................................................................................................................................................................ |

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| **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/placementfrom 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)

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| --- | --- | --- | --- |
| 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 higher professional educationNumber 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 ☐ |

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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 🞎🞏 | provisionally accepted at our institutionnot accepted at our institutionSignature of Head of Department of Studies ...................................................................................Date:  |