

TASSEP STUDENT APPLICATION FORM

ACADEMIC YEAR 20 /20

FIELD OF STUDY:

SENDING INSTITUTION

Name and full address:

Departmental Coordinator -- name, telephone and, e-mail :

.....

Institutional Coordinator -- name, telephone and, e-mail :

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: First name(s):

Date of Birth:

Sex: Nationality:

Place of Birth:

Current Address:

Permanent address (if different):

.

Current address is valid until:

Tel.:

Email:

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

Institution	Country	period of study		Duration of stay (months)	No. of expected ECTS credits
		from	to		
1.
2.
3.
4.

Addendum to TASSEP application form

Hereby, the candidate agrees to this international mobility through program TASSEP and will not refuse the proposed destination (one of the institutions published in the candidate list) after the European committee have proceeded to the selection.

If the candidate has any doubt on his participation, he has to contact the TASSEP coordinator before January 20th to delete his application.

List of destinations:

Name of candidate/ institution

Date

Signature

ECTS -- EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT
ACADEMIC YEAR 20/ FIELD OF STUDY:

Name of student:
 Sending institution:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:
 Country:

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
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if necessary continue this on a separate

sheet

I, *name of the student* declare that I will honor this program in case of selection
 Student's signature
 Date:

SENDING INSTITUTION
 We confirm that this proposed program of study/learning agreement is approved.

Departmental coordinator's signature Institutional coordinator's signature

Date: Date:

RECEIVING INSTITUTION

We confirm that this proposed program of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....
Date:

.....
Date:

Name of student:

Sending institution:

..... Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAM/LEARNING AGREEMENT

(to be filled ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

if necessary continue this on a separate sheet

Student's signature

..... Date:

SENDING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....
Date:

.....
Date:

RECEIVING INSTITUTION

We hereby confirm the above-listed **changes** to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....
Date:

.....
Date: