

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 20.. /20..

FIELD OF STUDY:

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

SENDING INSTITUTION

Name and full address: Universität Basel, Petersplatz 1, 4003, Switzerland

Department coordinator - name, telephone, fax and e-mail:

Institutional coordinator - name, telephone, fax and e-mail:

Mobility Office, Gérald Zimmermann lic.phil. & Andrea Delpho M.A. Petersplatz 1, 4003 Basel, Switzerland
+41 (0)61 267 3028, +41 (0)61 267 3035, mobility@unibas.ch

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

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

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM

(in order of preference):

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

Name of student:
 Sending institution: University of Basel Country: Switzerland

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
.....	<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"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country
.....
.....

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:
 Number of higher education study years prior to departure abroad:
 Have you already been studying abroad ? Yes No
 If Yes, when ? at which institution ?

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

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is provisionally accepted at our institution
 not accepted at our institution

Departmental coordinator's signature Institutional coordinator's signature

.....
 Date:..... Date :.....