

STUDENT APPLICATION FORM

ACADEMIC YEAR:

FIELD OF STUDY:

SENDING INSTITUTION:

Name:

Address:

Institutional co-ordinator:

STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name:

First name:

Date of birth:

Nationality:

Current address:

Sex:

Tel:

E-mail box:

Permanent address:

INSTITUTION THAT WILL RECEIVE THIS APPLICATION FORM

Institution: Instituto Superior de Comunicação Empresarial-**ISCEM**, Lisboa

Country: Portugal

Period of study:

Duration of stay (months):

From:

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"/>

WORKING EXPERIENCES 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?

Details not known at the time of application will be provided at a later stage.

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application and the proposed Learning Agreement.

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

Institutional coordinator's signature _____

Date: