**INCOMING STUDENT APPLICATION FORM Photo**

**ACADEMIC YEAR 2017/2018**

**FIELD OF STUDY**: .........................................................

|  |
| --- |
| **SENDING INSTITUTION**Name and full address: ..................................................................................................................................................................................................................................................................................................................Department coordinator - name, telephone number, e-mail .....................................................................................................................................................................................................................................................................................................................................................................................................................................Institutional coordinator - name, telephone number, 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: .....................................................E-mail:…………………………………………..Phone: ................................................................Current address: ................................................................................................................................ | ***Person to be contacted in case of emergency:***Family name: ………………………….………….. First name: …………………………….…………..Relationship: ………………………………………Phone: ………………………………....………….. E-mail: ……………………………….………….. |

|  |
| --- |
| Briefly state the reasons why you wish to study in our university:................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

**INFORMATION ON STUDIES AT RECEIVING INSTITUTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Country | Period of study | Duration of stay(months) | No of expected ECTS credits |
| from | to |
| Kazimieras Simonavičius University | Lithuania |  |  |  |  |

**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 |
| .................................................... | 🞏🞏 | 🞏🞏 | 🞏🞏 | 🞏🞏 | 🞏🞏 | 🞏🞏 |

**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? .................................................................................................................**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.** |

|  |  |
| --- | --- |
| [[1]](#endnote-1) Student's signature:………………………………………………………… | Date:………………………………………………… |
|  |  |

|  |
| --- |
| **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 🞏🞏International coordinator’s signature:Date: .................................................................... | provisionally accepted at our institutionnot accepted at our institution |
|  |

1. [↑](#endnote-ref-1)