STUDENT APPLICATION FORM

PHOTO

ACADEMIC YEAR: 20__/20__ **FIELD OF STUDY: _____**

NAME OF THE FACULTY: _____

Semester 1 ☐

Semester 2 ☐

Full academic year ☐

Level: Bachelor ☐ / Master ☐ / PhD ☐

This application should be completed in **BLACK, BLOCK LETTERS** in order to be easily copied and/or faxed

SENDING INSTITUTION

Name and full address: Ss. Cyril and Methodius University in Skopje, Blvd. Goce Delcev no.9
1000 Skopje, Republic of North Macedonia

ERASMUS CODE: MK SKOPJE01

Erasmus Faculty coordinator:

Name:

Telephone: **e-mail:**

Erasmus Institutional coordinator:

Prof. Dr Aleksandar Skeparovski, Vice-Rector for International Cooperation
Tel (+389 2) 3293 252 **e-mail:** a.skeparovski@ukim.edu.mk

STUDENT'S PERSONAL DATA

(Please fill in the data legibly and write the address to which we can send all further information)

Family name: .....

First name: ……..

Date of birth: .....

Place of Birth: .....

Sex: ..... Nationality: .....

Current address: .....

.....

Postcode and city:

.....

Tel.:
.....

E-mail:
.....

Briefly state the reasons why you wish to study abroad:

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RECEIVING INSTITUTION

Institution	Country	Period of study		Duration of stay (months)	No. of expected ECTS credits
		From	To		
_____	_____	_____	_____	_____	_____

LANGUAGE COMPETENCE
Note: A proof of knowledge of the receiving institution's language of instruction should be submitted

Mother tongue: _____				
Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	YES	NO	YES	NO
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

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? .....

A Transcript of Records with full details of previous and current higher education should be included.

NB! Applications missing a Transcript of Records or Learning Agreement can not be processed.

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
☐ provisionally accepted at our institution
☐ not accepted at our institution

Departmental coordinator's signature

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Date: .....

Institutional coordinator's signature

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Date:.....