**Erasmus+ International Credit Mobility program student exchange**

**Application for 2018/2019**

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| **First name(s)** | | **Surname** | |
| **Estonian personal ID code** | | **Citizenship** | |
| **Date of birth** | | **Gender** | |
| **Native language** | | **Other languages** *(language and proficiency)* | |
| **Academic unit (school)** | | | |
| **Curriculum (study program)** | | | |
| **Study level** (*current*)  Diploma  Bachelor  Master  Integrated PhD | **Current term/year** (*current*) | | **Study level** (*during studies abroad, if different*)Diploma Bachelor  Master  Integrated  PhD |
| **E-mail** | | | **Telephone** |
| **Address** | | | **Bank account number and bank** |
| **Emergency contact (***name, email, telephone, relation to you)* | | | |
| **Foreign higher education institution** (*1st preference*) | | | **Country** |
| **Foreign higher education institution** (*2nd preference*) | | | **Country** |
| **Autumn semester**  **Spring semester** | | | |
| **Period of studies at the foreign institution** *(dates)*  *(according to the academic calendar of the host institution)* | | | |

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| **Earlier experience in participating Erasmus Program****me (studies/traineeship)**:  Yes *(please specify below)*  No | |
| **Country, host university** |  |
| **Period of studies abroad** |  |
| **Study level during studies abroad** | Diploma  Bachelor  Master  Integrated  PhD |

*If you have participated in Erasmus program for several times, add additional rows.*

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| **Medical info** *(in case you consider it important to inform the university of your medical condition, please do so)* |
| **Additional requests** *(if you have any additional requests or needs, please describe them here)* |

**Additional documents** *(please submit together with your application):*

Transcript of records

Motivation letter

Study plan

Proof of foreign language proficiency

I confirm that all data submitted in this application is correct and complete. I agree that the university may verify the authenticity and accuracy of the documents and information I have provided.

Please send your application together with required documents to Kätlin Keinast, Senior Specialist for International Cooperation, [katlinke@tlu.ee](mailto:katlinke@tlu.ee)

Applicant`s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_