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**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**STUDENT APPLICATION FORM Photo**

**ACADEMIC YEAR 20../20..**

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

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

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| --- |
| **SENDING INSTITUTION**  Name and full address: ........................................................................................................................................  ........................................................................................................................................  **Department coordinator - name, telephone and telefax numbers, e-mail box**:  ........................................................................................................................................  ........................................................................................................................................  **Institutional coordinator - name, telephone and telefax numbers, e-mail box:**  International Office  Zhibek Khalyk,  +7 (7182) 67-36-25 (1292),  cam@tou.edu.kz |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

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

**LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | Country | Period of stud  from to | | Duration of stay (months) | N° of expected ECTS credits |
| 1................................................ | ................. | ......... | ......... | ............... | ................................. |

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| --- |
| **Name of student**: ...................................................................  **Sending institution**:................................................................  **Country**: ................................................................................. |

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

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

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

**PREVIOUS AND CURRENT STUDY**

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| --- |
| 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 provided be at a later stage.** |

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| 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:**  .............................................................  **Date**:.................................................. | **Institutional coordinator’s signature:**  .......................................................................  **Date**.............................................................. |