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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 OfficeZhibek 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 studfrom 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:**

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| **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 🞏 |

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| **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**.............................................................. |