Erasmus+

muthesius kunsthochschule

(Photograph)

LIFELONG LEARNING PROGRAMME / ERASMUS – ECTS

STUDENT APPLICATION FORM

ACADEMIC YEAR: 2017/2018

Study Cycle : **BA** ☐ **MA** ☐ **phd** ☐

Fall 2017 ☐ **Spring 2018** ☐ **Whole academic year 2017/18** ☐

☐Fine Arts - ☐Painting ☐Sculpture ☐Ceramics ☐Media Art ☐Graphic/Drawing
☐Spatial Strategies/Interior Design
☐Industrial Design
☐Communication Design

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

SENDING INSTITUTION: **Name and full address:** _____

_____

_____

Departmental coordinator – name, telephone and fax numbers, e-mail :

_____

Institutional coordinator – name **e-mail** :

Signature:

STUDENT'S PERSONAL DATA
(to be completed by the student applying)

Family name: ……..
First name (s): …….
Date of birth: ……..
……
Sex: …M/F…. **Nationality**: ……
……
Place of birth:……..
……
e-mail address:…….
……

Current address: ……	**Permanent address (if different)**: ……
……...	……
	……
……...	……
	……
……	……
Current address is valid until: ……	……
Tel. no (incl. country code nr.): ……..	**Tel**:
	……

LANGUAGE COMPETENCE

Mother tongue: ……**Language of instruction at home institution (if different):** …….

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)

Work experience / position	**Firm /organization**	**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 ? ……..

Would You like to make a reservation in a student housing? YES NO

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	**Institutional coordinator's signature**
…….. ……..	……
Date: ……	**Date**: ……

Please enclose:

- **Portfolio printed, CD or pdf**
- **CV**
- **Letter of motivation**
- **Copy of passport and student ID**
- **bring when accepted a european health insurance coverage**