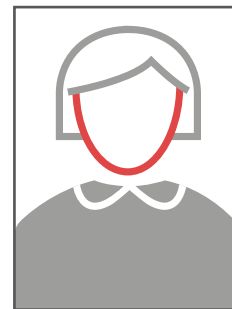


Please fill out this form electronically.

# STUDENT APPLICATION FORM 2019/2020



Winter semester  Spring semester

AFAD DEPARTMENT APPLYING TO \_\_\_\_\_

STUDIO (IF PREFERRED) \_\_\_\_\_

HOME DEPARTMENT AT SENDING INSTITUTION \_\_\_\_\_

LEVEL YOU ARE CURRENTLY STUDYING  BA  MA  Phd.

CURRENT YEAR OF STUDY \_\_\_\_\_ YEAR OUT OF \_\_\_\_\_ YEARS

## Student

NAME, SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ *DD/MM/YYYY*

SEX \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ *City, Country*

PERMANENT ADDRESS \_\_\_\_\_ *Street, Street Nr., City, Zip Code, Country*

TRAVEL DOCUMENT NR. \_\_\_\_\_  PASSPORT  ID CARD

E-MAIL \_\_\_\_\_

PHONE NR. + \_\_\_\_\_

## Sending Institution

FULL NAME \_\_\_\_\_ *In English*

\_\_\_\_\_ *In Mother Tongue*

FULL POSTAL ADDRESS \_\_\_\_\_ *Street, Street Nr., City, Zip Code, Country*

FACULTY (IF APPLICABLE) \_\_\_\_\_

INTERNATIONAL COORDINATOR \_\_\_\_\_ *Name, Surname, Phone Number, e-mail*

## Language Competence

MOTHER TONGUE \_\_\_\_\_

LANGUAGE OF INSTRUCTION AT SENDING INSTITUTION \_\_\_\_\_

THE LEVEL OF LANGUAGE COMPETENCE IN ENGLISH (**MIN. B1**) \_\_\_\_\_

**Please fill out this form electronically.**

## **Briefly State Your Reasons to Study at AFAD**

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