**LLP/ERASMUS**

**STUDENT APPLICATION FORM**

**Photography**

**ACADEMIC YEAR: 2015/2016**

**For studies:**🞎 **For placement:** X

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

|  |
| --- |
| **SENDING INSTITUTION**Name and full address: Red Cross Medical College of Rīga Stradiņš University, 5 St. J. Asara , Riga, LV – 1009, Latvia**Departmental contact person:**Inga Odina, phone +371 67273154, fax: +371 67276591, e-mail: inga.odina@rcmc.lv **Erasmus Coordinator:** Madara Blumberga, phone +371 67279347, fax: +371 67276591, e-mail: madara.blumberga@rcmc.lv |

|  |
| --- |
| **STUDY PROGRAM** |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

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

**LIST OF INSTITUTIONS WHERE YOU WOULD LIKE TO STUDY/PRACTICE (in order of preference, max 3):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Country | Period of study/placementfrom to | Duration of stay (months) | N° of expected ECTS credits |
|  |  |  |  |  |  |

|  |
| --- |
| 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/TRAINING PLANNED** (if relevant)

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

|  |
| --- |
| **SENDING INSTITUTION** |
| We hereby acknowledge receipt of the application, the proposed learning agreement / training agreement and the candidate’s Transcript of records. |
| The above-mentioned student is 🞎🞏 | provisionally accepted at our institutionnot accepted at our institutionSignature of Head of Department of Studies ...................................................................................Date:  |
|  |