**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

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| **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](mailto:inga.odina@rcmc.lv)  **Erasmus Coordinator:**  Madara Blumberga, phone +371 67279347, fax: +371 67276591, e-mail: madara.blumberga@rcmc.lv |

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| **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/placement  from to | | Duration of stay (months) | N° of expected ECTS credits |
|  |  |  |  |  |  |

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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/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 institution  not accepted at our institution  Signature of Head of Department of Studies  ...................................................................................  Date: |
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