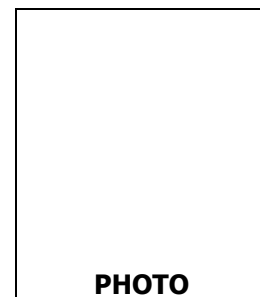




**FAKULTETA
ZA ZDRAVSTVENE
VEDE V CELJU**
FACULTY OF HEALTH
SCIENCES IN CELJE



ERASMUS STUDENT APPLICATION FORM

ACADEMIC YEAR _____

Winter Semester (1)

Summer Semester (2)

Full academic year

This application should be completed in **BLACK** in order to be easily copied and/or faxed. The data the student will enter into the form will be used to communicate with him/her, so please fill in the form legibly.

FIELD of STUDY:

NAME of the INSTITUTION you apply for: FACULTY OF HEALTH SCIENCES IN CELJE

LEVEL of STUDY you apply for (undergraduate, graduate, postgraduate):

SENDING INSTITUTION

Name and full address:

Departmental coordinator - name, telephone, fax and e-mail.....

Institutional coordinator - name, telephone, fax and e-mail.....

Departmental coordinator's signature and official stamp:

/confirming student's status, nomination for the Erasmus exchange and sufficient knowledge of English/

STUDENT'S PERSONAL DATA

(Please fill in the data legibly and write the address to which we can send all further information)

Name and surname:	Permanent address (if different):
Date of birth:
Sex:Nationality:
Place of Birth:	Postcode and city:
Current address:
.....
Postcode and city:	Tel.:
.....	Fax:
.....	E-mail:
Current address is valid until:	

INSTITUTION WHICH WILL RECEIVE THIS APPLICATION:

Faculty of Health Sciences in Celje	Period of study From to	Duration of stay (months)
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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
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	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 <input type="checkbox"/> No <input type="checkbox"/>
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 be provided at a later stage.

TO BE FILLED IN BY RECEIVING INSTITUTION (FACULTY OF HEALTH SCIENCES IN CELJE)

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

Erasmus coordinator's signature

Dean's signature

.....
Date:

.....
Date:

To be sent by regular mail to the International Relations Office of the Faculty of Health Sciences in Celje including:

- ***Learning Agreement (signed by student and sending Erasmus coordinator)***
- ***Transcript of Records (in English language, signed by authorized persons)***
- ***Copy of Passport or Identity Card***
- ***2 passport-size photos***

Address:

***Fakulteta za zdravstvena vede v Celju
(Faculty of Health Sciences in Celje)
International Relations Office
Mariborska cesta 7***

3000 Celje

Slovenia