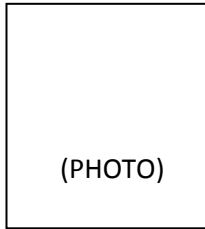


STUDENT APPLICATION FORM



ACADEMIC YEAR 20____/20_____



ERASMUS CODE: EBARCELO55

PERSONAL DATA

FAMILY NAME _____ FIRST NAME _____

DATE OF BIRTH _____ MALE _____ FEMALE _____

ADDRESS (ROAD,NUMBER) _____

CITY/TOWN _____ POSTCODE _____ COUNTRY _____

PHONE _____ FAX _____

E-MAIL _____

SENDING APPLICATION ADDRESS

JERUSALEM, 2b
 08902- L'HOSPITALET DE LLOBREGAT
 BARCELONA
 PHONE: +34 93 3366810
 FAX: +34 93 2631531
 E-MAIL: erasmus.serraiabella@gmail.com

PERIOD OF STUDY

1ST SEMESTER : _____ 2ND SEMESTER : _____ ENTIRE ACADEMIC YEAR: _____

DURATION OF STAY IN MONTHS: _____ NUMBER OF EXPECTED ECTS CREDITS: _____

SENDING INSTITUTION SIGNATURES AND STAMP

EXCHANGE STUDENT

HOME INSTITUTION

NAME _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

COURSE DEPARTMENT COORDINATOR

NAME _____ PHONE _____

E-MAIL _____

INSTITUTIONAL ERASMUS COORDINATOR

NAME _____ PHONE _____

E-MAIL _____

DEPARTMENT COORDINATOR

ERASMUS COORDINATOR

DATE _____ STAMP _____

RECEIVING INSTITUTION RESULTS

PROVISIONALLY ACCEPTED

NOT ACCEPTED

DEPARTMENTAL COORDINATOR'S SIGNATURE

INSTITUTIONAL COORDINATOR'S SIGNATURE

DATE _____

LANGUAGES

MOTHER TONGUE _____

	CATALAN	SPANISH	OTHER LANGUAGES
NO KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERMEDIATE SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFICIENT SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>