

ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 20 /20

FIELD OF STUDY:

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION

Name and full address:

Departmental coordinator – name, telephone and telefax numbers, e-mail box:

Institutional coordinator – name, telephone and telefax numbers, e-mail box:

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name:

First name(s):

Date of birth:

Sex:

Nationality:

Place of birth:

Current address:

Permanent address (if different):

Current address is valid until:

Tel./Fax:

Tel./Fax:

E-mail:

E-mail:

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM

(in order of preference)

Institution	Country	Period of study from	to	Duration of stay (months)	No. of expected ECTS-Credits
1.					
2.					
3.					

Name of student:	
Sending institution:	Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT

(to be filed in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS-Credits
		<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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

(if necessary, continue this list on a separate sheet)

Student's signature	Date:
------------------------------	-------

SENDING INSTITUTION

We hereby confirm that the above-listed **changes** to the initially agreed programme of study/ learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION

We hereby confirm that the above-listed **changes** to the initially agreed programme of study/ learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

(1) Course unit code:

Refer to the ECTS Information Package

(2) Duration of course unit:

Y = 1 full academic year

1S = 1 semester

1T = 1 term/trimester

2S = 2 semester

2T = 2 terms/trimesters

(3) Description of the institutional grading system:

(4) ECTS grading scale:

ECTS grade	% of successful students normally achieving the grade	Definition
A	10	EXCELLENT – outstanding performance with only minor errors
B	25	VERY GOOD – above the average standard but with some errors
C	30	GOOD – generally sound work with a number of notable errors
D	25	SATISFACTORY – fair but with significant shortcomings
E	10	SUFFICIENT – performance meets the minimum criteria
FX	-	FAIL – some more work required before the credit can be awarded
F	-	FAIL – considerable further work is required

(5) ECTS credits:

1 full academic year = 60 credits

1 semester = 30 credits

1 term/trimester = 20 credits