



Education and Culture DG

Lifelong Learning Programme

ERASMUS INTENSIVE LANGUAGE COURSES 2009-10

Countries involved: Belgium (Flemish Community); Bulgaria; Cyprus; Czech Republic; Denmark; Estonia; Finland; Greece; Hungary; Iceland; Italy; Latvia; Lithuania; Malta; the Netherlands; Norway; Poland; Portugal; Romania; Slovakia; Slovenia; Sweden; Turkey.

STUDENT APPLICATION FORM

1. to be filled in electronically;
2. to be submitted by e-mail by the student to his/her university Erasmus office, no later than the date to be specified by the university;
3. to be endorsed by the university's Erasmus contact person;
4. to be forwarded by e-mail by the university Erasmus office to the EILC host institution. Please see course information form for details.

Please note that your application does not automatically entitle you to participate in an EILC. The organising institution will carry out selection of students and inform each applicant and his/her home university of the final selection. It is not possible to attend more than one EILC.

• STUDENT PERSONAL DATA

- Family name	
- First name	
- Gender	<input type="checkbox"/> F (female) <input type="checkbox"/> M (male)
- Date of birth	
- Nationality	
- Personal E-mail address (or fax number if the e-mail is not available)	E-mail:@..... (Fax:)
- Additional E-mail address to be used in case of need (e.g. Erasmus office address, etc.)	E-mail:@.....

• OTHER PERSONAL INFORMATION

- Current address (valid until .././.)	Street: City: Postal code: Country:
- Tel number of current address	+.../...../.....
- Summer address (valid until .././.)	Street: City: Postal code: Country:
- Tel number of summer address	+.../...../.....

• **STUDENT'S HOME UNIVERSITY**

COUNTRY:.....

- Name	
- Erasmus code	
- Faculty/Department	
- Erasmus Contact person (Name/Surname)	
- E-mail/Tel./Fax of Contact person	E-mail:@..... Tel. : +.../.../..... Fax: +.../.../.....

• **ERASMUS HOST UNIVERSITY (IN CASE OF STUDIES)**

COUNTRY:.....

- Name	
- Erasmus code	
- Faculty/Department	
- Erasmus Contact person (Name/Surname)	
- E-mail/Tel./Fax of Contact person	E-mail:@..... Tel. : +.../.../..... Fax: +.../.../.....

• **ERASMUS HOST ORGANISATION (IN CASE OF PLACEMENTS)**

COUNTRY:.....

- Name	
- Contact person (Name/Surname)	
- E-mail/Tel./Fax of Contact person	E-mail:@..... Tel. : +.../.../..... Fax: +.../.../.....

• **ERASMUS STUDY/PLACEMENT PERIOD**

- Number of months of Erasmus period	
- Starting date of Erasmus period	.../.../....
- Main subject of studies	

• **LANGUAGE COMPETENCE IN THE LANGUAGE OF THE EILC**

- Language of the EILC	
- Level of competence I (beginner); II (intermediate)	
- Why do you want to learn the language?	

• **REQUESTED EILC COURSES**

	<i>Organising institution</i>	<i>Date (from...to...)</i>
- First choice		
- Second choice		
- No choice – Accept any institution		

I confirm that the information provided in this application is true and accurate. In case I have to withdraw from the course, I will inform my Erasmus office as soon as possible, and no later than <data to be specified by the home institution>.

Student's confirmation (full name and surname)

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Date:.....

*I endorse this application on behalf of my University.
Erasmus contact person's full name*

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Date:.....

Confirmation by the course organiser of the student's admission to a course should be sent to the following address:

<to be filled in by the home institution>

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