

STUDENT APPLICATION FORM – INCOMING STUDENTS

ERASMUS+ PROGRAM FOR STUDIES (SMS)

ACADEMIC YEAR: 20___/ 20___

FIELD OF STUDY: _____

SENDING INSTITUTION:

Name: _____

Email address: _____

Institutional coordinator: _____

STUDENT'S PERSONAL DATA:

Family Name: _____

First Name: _____

Date of birth: ___/___/___ Nationality: _____

ID Number: _____ Passport Number: _____

Mobile phone number: _____ Email: _____

PERIOD OF STUDY AT ISAG:

Winter Semester (1st)

Spring Semester (2nd)

LANGUAGE COMPETENCE:

Mother tongue: _____

Language of instruction at home institution (if different): _____

Other languages	I am currently studying:		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
English						
Portuguese						
Spanish						

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 studied abroad?

YES

NO

If YES, when? _____ At which institution? _____

RECEIVING INSTITUTION:

We hereby acknowledge receipt of the Application.

The above-mentioned student is:

Accepted

Not accepted

Institutional coordinator's signature: _____

Date ____/____/____

Information Warning:

The personal data collected have been provided voluntarily and are automatically processed in a file, being ISAG-EBS responsible for their processing. The data is intended for the use of ISAG-EBS, student management and will be used in the manner and within the limits established by Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 ("General Data Protection Regulation") which requires ISAG-EBS to apply all appropriate technical and organisational measures so that its employees and other professionals to protect the personal data collected, ensuring its transparency, integrity, loyalty, confidentiality and security, protection against unauthorised and unlawful processing and against its loss, destruction or accidental damage. The personal data collected will be kept for the duration of the student's academic period of involvement with ISAG-EBS and may be kept beyond this period if required by national legislation or legal obligation, for reasons of public interest, national security, or other legitimate interests of ISAG-EBS, or if the student expressly consents to its use for other purposes.

Student's signature _____ Date ____/____/____