ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

STUDENT MOBILITY APPLICATION FORM

PLEASE SPECIFY YOUR CHOSEN FIELD OF STUDY: _____

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

SENDING INSTITUTION AND CURRENT STUDIES
Name and full address:
Faculty/Department Co-ordinator (please include name, telephone & e-mail)
Institutional Co-ordinator (please include name, telephone & e-mail)

Area of study & degree programme which you are currently studying:	
Number of academic years completed:	

STUDENT'S PERSONAL DETAILS	
Last Name:	First Name:
Date of Birth:	Sex:
Nationality:	Place of Birth:
Current Address:	Permanent address (if different):
Tel:	Tel:
E-mail:	E-mail:
Current address is valid until:	

PLANNED STUDIES AT THE UNIVERSITY OF BOLTON

Planned area of study:	
Planned degree programme:	
Stay from (date):	
Stay to (date):	
Have you previously studied abroad?	Yes/No
If yes, when and at which institution?	

Briefly state the reasons why you wish to study abroad?

LANGUAGE COMPETENCE

Mother tongue:	
Language of instruction at home institution:	
Level of English Language: (delete as appropriate)	Basic skills / sufficient skills / proficient skills
Other language skills: (please state)	
Level of other language: (delete as appropriate)	Basic skills / sufficient skills / proficient skills

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country

When submitting this application you must also send a <u>Transcript of records</u> which provides full details of previous and current higher education study.

For Office Use only:

RECEIVING INSTITUTION

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

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date: