



# STUDENT APPLICATION FORM

PHOTO

ACADEMIC YEAR: 20\_\_/20\_\_

FIELD OF STUDY: \_\_\_\_\_

NAME OF THE FACULTY: \_\_\_\_\_

Semester 1

Semester 2

Full academic year

Level: Bachelor  / Master  / PhD

This application should be completed in **BLACK, BLOCK LETTERS** in order to be easily copied and/or faxed

## SENDING INSTITUTION

Name and full address: **Ss. Cyril and Methodius University in Skopje, Blvd. Goce Delcev no.9  
1000 Skopje, Republic of North Macedonia**

**ERASMUS CODE: MK SKOPJE01**

Erasmus Faculty coordinator:

**Name:**

**Telephone:**

**e-mail:**

Erasmus Institutional coordinator:

**Prof. Dr Aleksandar Skeparovski, Vice-Rector for International Cooperation**

**Tel (+389 2) 3293 252**

**e-mail: [a.skeparovski@ukim.edu.mk](mailto:a.skeparovski@ukim.edu.mk)**

**STUDENT'S PERSONAL DATA**

*(Please fill in the data legibly and write the address to which we can send all further information)*

Family name: ..... First name: ..... Date of birth: ..... Place of Birth: ..... Sex: .....                      Nationality: ..... Current address: ..... ..... Postcode and city: .....	Tel.: ..... E-mail: .....
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Briefly state the reasons why you wish to study abroad:

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**RECEIVING INSTITUTION**

Institution	Country	Period of study		Duration of stay (months)	No. of expected ECTS credits
		From	To		
_____	_____	_____	_____	_____	_____

**LANGUAGE COMPETENCE**

**Note: A proof of knowledge of the receiving institution’s language of instruction should be submitted**

Mother tongue: _____				
Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	YES	NO	YES	NO
_____	<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"/>

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

Type of work experience	Firm/organisation	Dates	Country
.....	.....	.....	.....
.....	.....	.....	.....

**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 been studying abroad?      Yes       No

If Yes, when? At which institution? .....

***A Transcript of Records with full details of previous and current higher education should be included.***

***NB! Applications missing a Transcript of Records or Learning Agreement can not be processed.***

<b>Student's Signature</b> .....	<b>Date:</b> .....
<b>RECEIVING INSTITUTION</b>	
We hereby acknowledge receipt of the Application, the proposed Learning Agreement and the candidate's Transcript of Records.	
The above-mentioned student is	<input type="checkbox"/> provisionally accepted at our institution
	<input type="checkbox"/> not accepted at our institution
Departmental coordinator's signature	Institutional coordinator's signature
.....	.....
Date: .....	Date:.....