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| --- | --- | --- |
| D:\Users\Sale\Desktop\Memorandum - eng.png | **COLLEGE OF SPORTS AND HEALTH**  11 Tose Jovanovica Street, 11030 Beograd, Serbia  Secretariat – phone no./fax: +381 11 7550 051  Student Services: +381 11 7550 162, +381 63 243 414  Web site: www.vss.edu.rs  E-mail: skola@vss.edu.rs | **PHOTO** |

**ERASMUS STUDENT AT   
THE COLLEGE OF SPORTS AND HEALTH   
APPLICATION FORM**

ACADEMIC YEAR**: \_\_\_\_\_\_\_\_\_\_\_\_**

Winter Semester

Summer Semester

Full academic year

This application should be completed in **BLACK** in order to be easily copied and/or faxed. The data the student will enter into the form will be used to communicate with him/her, so please fill in the form legibly.

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| --- |
| **FIELD of STUDY:** |

**NAME of FACULTY/ DEPARTMENT you apply for:**

|  |
| --- |
| **LEVEL of STUDY you apply for (undergraduate, graduate, postgraduate):** |

|  |
| --- |
| **SENDING INSTITUTION**  Name and full address: ........................................................................................................................................  ............................................................................................................................................................................  Departmental coordinator - name, telephone, fax and e-mail....................................................................................  ............................................................................................................................................................................  Institutional coordinator - name, telephone, fax and e-mail......................................................................................  ............................................................................................................................................................................ |

**STUDENT’S PERSONAL DATA**

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

|  |  |
| --- | --- |
| **Name:**  **Surname:**  **Date and place of birth:**  **Gender:**  **Nationality:**  **Current address:**  **Postcode and city:**  **Phone:**  **E-mail:** |  |

**INSTITUTION WHICH WILL RECEIVE THIS APPLICATION:**

|  |  |  |
| --- | --- | --- |
| University/ Department  ………………………………………… | Period of study  From to  ……………… …………… | Duration of stay (months)  ……………………… |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue: ........................... Language of instruction at home institution (if different): .................................. | | | | | | |
| Other languages | I am currently studying this language | | 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 |
| ..........................  ..........................  .......................... | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |

**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? .................................................................................................................  **The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.** |

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| --- | --- |
| **TO BE FILLED IN BY RECEIVING INSTITUTION (UNIOS FACULTY/ACADEMY/DEPARTMENT)** | |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. | |
| The above-mentioned student is 🞏  🞏  Coordinator’s signature  ..............................................................................  Date: .................................................................... | provisionally accepted at our institution  not accepted at our institution  Institutional coordinator’s signature  ..........................................................................................  Date: ................................................................................ |
|  | |

**This Application Form should be accompanied by the following documents:**

**1.** [**Learning Agreement**](http://www.unios.hr/uploads/50Learning%20Agreement%20obrazac%202011%202012.doc)  
**2.   2 personal photographs**

**3.   Copy of the passport page with personal data**

**4.   Transcript of Records from your home University**

**5. Certificate of the Erasmus student status**

**6.   CV in Europass format**

***and sent to the College of Sports and Health, 11 Tose Jovanovica, 11030 Belgrade, Serbia***