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| --- | --- | --- |
| D:\Users\Sale\Desktop\Memorandum - eng.png | **COLLEGE OF SPORTS AND HEALTH**11 Tose Jovanovica Street, 11030 Beograd, SerbiaSecretariat – phone no./fax: +381 11 7550 051Student Services: +381 11 7550 162, +381 63 243 414Web site: www.vss.edu.rsE-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 institutionnot accepted at our institutionInstitutional 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***