STUDENT APPLICATION FORM

(PHOTO)

ACADEMIC YEAR 20____/20_____

escola d'art i superior de disseny serra i abella

ERASMUS CODE: EBARCELO55

PERSONAL DATA

FAMILY NAME FIRST NAME

DATE OF BIRTH MALE FEMALE

ADRESS (ROAD,NUMBER)

CITY/TOWN POSTCODE COUNTRY

PHONE FAX

E-MAIL

PERIOD OF STUDY

1ST SEMESTER :____ 2ND SEMESTER :____ ENTIRE ACADEMIC YEAR:____

DURATION OF STAY IN MONTHS:_____ NUMBER OF EXPECTED ECTS CREDITS:_____

HOME INSTITUTION

NAME

ADRESS

PHONE FAX

E-MAIL

COURSE DEPARTMENT COORDINATOR

NAME PHONE

E-MAIL

INSTITUTIONAL ERASMUS COORDINATOR

NAME PHONE

E-MAIL

LANGUAGES

MOTHER TONGUE

	CATALAN	SPANISH	OTHER LANGUAGES
NO KNOWLEDGE	☐	☐	☐
INTERMEDIATE SKILLS	☐	☐	☐
PROFICIENT SKILLS	☐	☐	☐

SENDING APLICATION ADRESS

JERUSALEM, 2b
08902- L'HOSPITALET DE LLOBREGAT
BARCELONA
PHONE: +34 93 3366810
FAX: +34 93 2631531
E-MAIL: erasmus.serraiabella@gmail.com

SENDING INSTITUTION SIGNATURES AND STAMP

EXCHANGE STUDENT

DEPARTMENT COORDINATOR

ERASMUS COORDINATOR

DATE STAMP

RECEIVING INSTITUTION RESULTS

☐ PROVISIONALLY ACCEPTED
☐ NOT ACCEPTED

DEPARTMENTAL COORDINATOR'S SIGNATURE

INSTITUTIONAL COORDINATOR'S SIGNATURE

DATE