

**LIFELONG LEARNING PROGRAM /ERASMUS  
STUDENT APPLICATION FORM /FICHA DE CANDIDATURA**

ACADEMIC YEAR: 20 | / 20 | FIELD OF STUDY: | CODE: |

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

**SENDING INSTITUTION**

**Name:** ISPA – Instituto Universitário de Ciências Psicológicas, Sociais e da Vida **Erasmus Code** – P Lisboa 17

**Adress:** Rua Jardim do Tabaco, nº 34, 1149-041 Lisboa

**Institutional Coordinator:** Catarina Rodrigues (Tel: 218811755/21881700; E-mail – [international@ispa.pt](mailto:international@ispa.pt))

**Departmental Coordinator:** Csongor Juhos (Tel: 218811755/21881700; E-mail – [international@ispa.pt](mailto:international@ispa.pt))

**Period of study from:** | ..... | (1<sup>st</sup> month of stay)

**Duration of stay:** | ..... | (Number of months)

**RECEIVING INSTITUTION**

Name | ..... | Erasmus Code: | .....

Departmental coordinator – name, telephone, fax number and e-mail address:

| ..... |  
| ..... |  
| ..... |

Institutional coordinator – name, telephone, fax number and e-mail address:

| ..... |  
| ..... |  
| ..... |

**STUDENT’S PERSONAL DATA (To be completed by the student applying)**

Family name: | .....

First name (s): | .....

Date of birth: | ..... |

Sex: | ..... |

Nationality: | ..... |

Place of Birth: | ..... |

Current address: | .....

Permanent address (if different): | .....

| .....

| .....

| .....

| .....

Tel: | .....

Email: | .....

**Student’s Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**LANGUAGE COMPETENCE**

Mother Tongue: [.....]		Language of instruction (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

**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? .....

**RECEIVING INSTITUTION**

We hereby acknowledge receipt of this Application Form, and the proposed Learning Agreement.

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: \_\_\_/\_\_\_/\_\_\_.

Com a apresentação da candidatura tomo conhecimento e aceito os termos, requisitos e condições constantes no Regulamento de Programas de Mobilidade do ISPA.

**Student's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_