



Please attach a passport photo

2 Danais Avenue, 8042 Pafos / Tel: +357 26843300 / www.nup.ac.cy

Lifelong Learning Programme - LLP Programme ERASMUS PROGRAMME STUDENT APPLICATION FORM

ACADEMIC YEAR 2015/2016 FALL SEMESTER

FIELD OF STUDY:

1. SENDING INSTITUTION

Name and full address: Neapolis University Pafos, 2 Danais Avenue, 8042 Pafos

Institutional Erasmus Code: CY Pafos 01

Institutional coordinator – name: Georgia Christou

Telephone: +357 26843370 **Fax:** +357 26931944 **E-mail:** g.christou@nup.ac.cy

Department:

Coordinator:

Telephone: 00357..... **Fax:**00357.....**E-mail:**.....

Full address: Neapolis University Pafos, 2 Danais Avenue, 8042 Pafos

2. PERSONAL INFORMATION (To be completed by the student applying)

Name:

Date of birth:

Place of birth:

Gender:

Current address:

Town/City:

Postcode:

Country:

Home telephone number:

Mobile telephone number:

Year of Study:

Level of Study:

Email address:

Fax number:

Nationality:

ID Number (EU citizens)

Contact address (if different from home address) (this address will be used to send your possible "Letter of Invitation")

3.

Name of student:

Sending Institution:

Country:

Why you wish to study abroad?

Disabilities: Do you have a disability for which additional assistance? YES NO
(If yes, please attach a separate sheet outlining this disability)

4. LANGUAGE COMPETENCE

First Language:

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
.....	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organization	Dates	Country

6. 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 the application, the proposed learning agreement and the candidate's Transcript of records.

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: