



Education and Culture DG

Lifelong Learning Programme

LLP/ERASMUS PROGRAMME

# ERASMUS INTENSIVE LANGUAGE COURSES 2009-10

**Countries involved:** Belgium (Flemish Community); Bulgaria; Cyprus; Czech Republic; Denmark; Estonia; Finland; Greece; Hungary; Iceland; Italy; Latvia; Lithuania; Malta; the Netherlands; Norway; Poland; Portugal; Romania; Slovakia; Slovenia; Sweden; Turkey.

## STUDENT APPLICATION FORM

1. to be filled in electronically;
2. to be submitted by e-mail by the student to his/her university Erasmus office, no later than the date to be specified by the university;
3. to be endorsed by the university's Erasmus contact person;
4. to be forwarded by e-mail by the university Erasmus office to the EILC host institution or to the National Agency of the host country. Please see course information form for details.

**Please note that your application does not automatically entitle you to participate in an EILC. The organising institution will carry out selection of students and inform each applicant and his/her home university of the final selection. It is not possible to attend more than one EILC.**

### • STUDENT PERSONAL DATA

- Family name	
- First name	
- Gender	<input type="checkbox"/> F (female) <input type="checkbox"/> M (male)
- Date of birth	
- Nationality	
- Personal E-mail address (or fax number if the e-mail is not available)	E-mail: .....@..... (Fax:)
- Additional E-mail address to be used in case of need (e.g. Erasmus office address, etc.)	E-mail: .....@.....

### • OTHER PERSONAL INFORMATION

- Current address (valid until .././..)	Street: ..... City: ..... Postal code: ..... Country: .....
- Tel number of current address	+.../...../.....
- Summer address (valid until .././..)	Street: ..... City: ..... Postal code: ..... Country: .....
- Tel number of summer address	+.../...../.....

• **STUDENT'S HOME UNIVERSITY**

**COUNTRY:.....**

- Name	
- Erasmus code	
- Faculty/Department	
- Erasmus Contact person (Name/Surname)	
- E-mail/Tel./Fax of Contact person	E-mail: .....@..... Tel. : +.../.../..... Fax: +.../.../.....

• **ERASMUS HOST UNIVERSITY (IN CASE OF STUDIES)**

**COUNTRY:.....**

- Name	
- Erasmus code	
- Faculty/Department	
- Erasmus Contact person (Name/Surname)	
- E-mail/Tel./Fax of Contact person	E-mail: .....@..... Tel. : +.../.../..... Fax: +.../.../.....

• **ERASMUS HOST ORGANISATION (IN CASE OF PLACEMENTS)**

**COUNTRY:.....**

- Name	
- Contact person (Name/Surname)	
- E-mail/Tel./Fax of Contact person	E-mail: .....@..... Tel. : +.../.../..... Fax: +.../.../.....

• **ERASMUS STUDY/PLACEMENT PERIOD**

- Number of months of Erasmus period	
- Starting date of Erasmus period	.../.../....
- Main subject of studies	

• **LANGUAGE COMPETENCE IN THE LANGUAGE OF THE EILC**

- Language of the EILC	
- Level of competence I (beginner); II (intermediate)	
- Why do you want to learn the language?	

• **REQUESTED EILC COURSES**

	<i>Organising institution</i>	<i>Date (from...to...)</i>
- First choice		
- Second choice		
- No choice – Accept any institution		

*I confirm that the information provided in this application is true and accurate. In case I have to withdraw from the course, I will inform my Erasmus office as soon as possible, and no later than <data to be specified by the home institution>.*

*Student's confirmation (full name and surname)*

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Date:.....

*I endorse this application on behalf of my University.  
Erasmus contact person's full name*

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Date:.....

Confirmation by the course organiser of the student's admission to a course should be sent to the following address:

<to be filled in by the home institution>

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