



KLAIPĖDA STATE COLLEGE

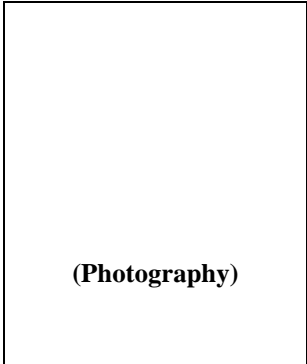
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STUDENT APPLICATION FORM

European Credit Transfer System (ECTS)

ACADEMIC YEAR: 2011/2012

FIELD OF STUDY:



* This application should be completed in BLACK and BLOCK letters in order to be easily copied, faxed or e-mailed.

Name of student:
Sending institution:.....
Country:

SENDING INSTITUTION: Name and full address:
.....
Department coordinator - name, telephone and fax numbers, e-mail.....
.....
Institutional coordinator - name, telephone and fax numbers, e-mail.....
.....

STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name: First name (s):
Date of birth: Sex: M / F Nationality:.....
Place of Birth:
Current address: Permanent address (if different):
.....
.....
Current address is valid until:
Tel.no: Tel.no:

Briefly state the reasons why you wish to study in Lithuania:
.....
.....
.....

