

**STUDENT APPLICATION FORM
PPORTO 07**

Please return this application filled (in English) by e-mail.

Academic Year _____/_____

STUDY PROGRAMME YOU WISH TO APPLY

- Full academic year
- 1st Semester
- 2nd Semester

SENDING INSTITUTION

Name (in English):

Full Address:

Country:

Faculty / Department:

Departmental / Institutional Coordinator (name, phone, e-mail) :

STUDENT'S PERSONAL DATA

Family name: _____ First name: _____

Place and date of birth: _____

Sex: _____ Nationality: _____

Current address: _____

Permanent address (if different): _____

e-mail: _____

Phone/Mobile phone (including country code): _____

PREVIOUS AND CURRENT STUDY

Degree or Field you are currently studying at home institution: _____

Number of higher education study years prior to departure abroad: _____

Duration of stay at UPT (number of months): _____

Period of study (date): at UPT from _____ to _____

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LANGUAGE COMPETENCE
Mother tongue:
Other languages:
Are you currently studying Portuguese?
Do you have sufficient knowledge to follow lectures?
Are you interested in attending a course of Portuguese as Foreign Language (level A1)?
Are you interested in attending a course of Portuguese Culture (includes visits to Porto)?

WORK EXPERIENCE RELATED TO CURRENT STUDY *(if relevant)*

Type of work	Enterprise	Dates	Country

MOTIVATION

Briefly state the reasons why you wish to study abroad in the chosen programme.

ERASMUS+ GRANT

Will you receive an Erasmus+ mobility grant from your home institution to assist towards the additional costs of your study period abroad? Yes No

Date: __/__/__

Student's signature:

AGREEMENT OF THE SENDING INSTITUTION
To be completed by a staff member of the sending university

The sending university hereby confirms that the applying student has been selected at the home university to apply for an Erasmus study period at Portucalense University.

Date: __/__/__

Name and function: _____

Signature and stamp of the University: _____