

STUDENT APPLICATION FORM – INCOMING STUDENTS

ERASMUS+ PROGRAM FOR STUDIES (SMS)

ACADEMIC YEAR: 20___/ 20___

FIELD OF STUDY: _____

SENDING INSTITUTION:

Name: _____

Email address: _____

Institutional coordinator: _____

STUDENT'S PERSONAL DATA:

Family name: _____

First name: _____

Date of birth: ___/ ___/ _____ Nationality: _____

ID Number: _____ Passport Number: _____

Address: _____

Mobile phone number: _____

Email: _____

PERIOD OF STUDY AT ISAG:

Arriving date: _____ Departure date: _____

Duration of stay (months): _____

LANGUAGE COMPETENCE:

Mother tongue: _____

Language of instruction at home institution (if different): _____

Other languages	I am currently studying:		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
English						
Portuguese						
Spanish						

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 studied abroad?

Yes No

If YES, when? _____ At which institution? _____

RECEIVING INSTITUTION:

We hereby acknowledge receipt of the Application.

The above-mentioned student is:

Accepted

Not accepted at our institution

Institutional coordinator's signature _____ Date ___/___/___

Information Warning:

The provision of personal information under this declaration is a mandatory requirement and corresponds to the fulfillment of the duties of the student under the provisions at the regulatory level to which the student was bound for the purpose of his / her stay at thr ISAG - School Hotel and will be used by the ISAG Services in the performance of their duties and in respect of their organic competencies in accordance with the regulations binding on the parties and, in particular, the legislation in force on privacy and protection of personal data. All personal data collected will be processed for the duration of the relationship between the parties in accordance with the terms agreed by them (in particular by the student, ISAG and other entities appropriately known by them), notwithstanding the rights of the (1) to request access to the data, (2) to rectify it, (3) to eliminate it, (4) to limit its treatment, (5) and until requesting its portability (data transfer request). The exercise of any right on the part of the student will be assisted within 30 days, unless overriding reason of public interest, of superior legitimate interest of ISAG or of third parties, legal or contractual obligation, or if the request is manifestly unfounded. Such impediments may even justify the maintenance of the data provided beyond the period originally envisaged, without prejudice to being able - at any time - to lodge a complaint with a competent public supervisory authority. In the event of a breach of data and where this is required under applicable law, ISAG shall provide as accurate and timely information as possible on the affected data, the consequences for the breach and the measures taken to remedy the same. For more information, the student can consult our Privacy Policy and Protection of Personal Data "on the institutional site <https://www.isag.pt> or its headquarters, without prejudice to what results already compliance with the applicable internal regulations and agreements.

Student's signature _____ Date ___/___/____