

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:									
Mobile phone number: Email:									
PERIOD OF STUDY AT IS	SAG.								
			1						
Winter Semester (1 st) Spring Semester (2 nd)									
LANGUAGE COMPETEN	CE:								
Mother tongue:									
Language of instruction at hor									
		(
	I am currently studying:		I have sufficient knowledge to follow lectures:			ve sufficient			
Other languages					knowledge to follow lectures if I had some extra				
ettion languagee					preparation				
	Yes	No	Yes	No	Yes	No			
English									
Portuguese									
Spanish									

PREVIOUS AND CURRENT ST	UDY:
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Diploma/degree for which you are currently studying: _

Number of higher education study years prior to departure abroad:

Have you already studied abroad?

_ At which institution?

RECEIVING INSTITUTION:

If YES, when?

We hereby acknowledge receipt of the Application.

The above-mentioned student is:

Accepted	
Not accepted	
Institutional coor	dinator's signature:
Date/	/

Information Warning:

The personal data collected have been provided voluntarily and are automatically processed in a file, being ISAG-EBS responsible for their processing. The data is intended for the use of ISAG-EBS, student management and will be used in the manner and within the limits established by Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 ("General Data Protection Regulation") which requires ISAG-EBS to apply all appropriate technical and organisational measures so that its employees and other professionals to protect the personal data collected, ensuring its transparency, integrity, loyalty, confidentiality and security, protection against unauthorised and unlawful processing and against its loss, destruction or accidental damage. The personal data collected will be kept for the duration of the student's academic period of involvement with ISAG-EBS and may be kept beyond this period if required by national legislation or legal obligation, for reasons of public interest, national security, or other legitimate interests of ISAG-EBS, or if the student expressly consents to its use for other purposes.

Student's signature _____

Date	/	/	/	_
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YES

NO