



ESTONIAN ACADEMY OF ARTS

International Relations Office

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APPLICATION FORM FOR SOCRATES/ERASMUS STUDIES

personal data

Surname.....male / female

First name(s)

Place and date of birth

Citizenship

Current address

City and postal code

Country of residence

Telephone, e-mail.....

Permanent address (if different)

City and postal code

Country of residence.....

Telephone, e-mail

field of study.....

period

Academic year 2006-2007

Fall Semester 2006

Spring Semester 2007

=months

receiving institution

Name of institution

Faculty/department

Country

Name of contact person

Telephone.....

e-mail.....

number of expected ECTS credits:

previous and present education

BA / MA

Number of higher education study years prior to departure abroad.....

Have you already been studying abroad?

If yes, when and at which institution and with what program

.....

language

Do you speak the language of the country you would like to go? **Yes / No**

Would you like to learn it when there? **Yes / No**

Of what languages do you have moderate or more knowledge

.....

.....

Please state your current knowledge of English

Reading fluently/ good/ moderate/ limited/ hardly any

Listening fluently/ good/ moderate/ limited/ hardly any

Speaking fluently/ good/ moderate/ limited/ hardly any

Writing fluently/ good/ moderate/ limited/ hardly any

accommodation

I need assistance in finding accommodation **Yes/No**

I hereby confirm the application

Home institution:

(Head of the Department)

Name, signature.....

Date

checklist

- Did you enclose your portfolio? **Yes/ No**
- Did you enclose a letter of motivation? **Yes/ No**
- Did you sign the application (below)? **Yes/ No**

Signature (Student)

Name

Date