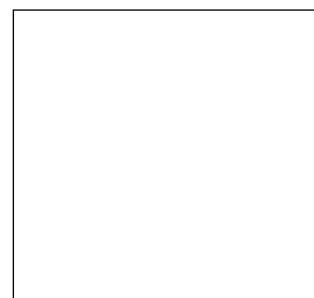


ECTS – European Credit Transfer System STUDENT APPLICATION FORM



ACADEMIC YEAR: _____

FIELD OF STUDY: _____

This application should be completed in BLACK and BLOCK letters in order to be easily copied and/or telefaxed.

SENDING INSTITUTION: Name and full address:

SIMON KUZNETS KHARKIV NATIONAL UNIVERSITY OF ECONOMICS
9-A, Nauki av., Kharkiv, 61166, UKRAINE

Departmental 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:.....

.....

e-mail address:.....

Current address:

Permanent address (if different):

.....

.....

.....

.....

.....

.....

Current address is valid until:

.....

Tel. no (incl. country code nr.):

Tel:

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

| Institution | Country | Period of study | | Duration of stay (months) | No. of expected ECTS credits |
|-------------|---------|-----------------|----|---------------------------|------------------------------|
| | | From | To | | |
| | | | | | |

Name of student:

Sending institution : SIMON KUZNETS KHARKIV NATIONAL UNIVERSITY OF ECONOMICS **Country :** UKRAINE

Briefly state the reasons why you wish to study abroad:

.....

.....

LANGUAGE COMPETENCE

Note: A proof of knowledge of the receiving institution’s language of instruction should be submitted

Mother tongue: **Language of instruction at home institution (if different):**

| Other languages | I have sufficient knowledge to follow lectures | | I need some extra preparation | |
|-----------------|--|--------------------------|-------------------------------|--------------------------|
| | YES | NO | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

| Work experience / position | Firm /organization | Dates | Country |
|----------------------------|--------------------|-------|---------|
| | | | |
| | | | |

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 been studying abroad ? Yes No

If Yes, when? at which institution ?

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.

Student’s Signature..... **Date:**.....

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records.

The above-mentioned student is provisionally accepted at our institution

not accepted at our institution

Departmental coordinator’s signature **Institutional coordinator’s signature**

.....

Date: **Date:**