**INCOMING STUDENT APPLICATION FORM Photo**

**ACADEMIC YEAR 2024 /2025**

**FIELD OF STUDY**: .........................................................

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| --- |
| **SENDING INSTITUTION**  Name and full address: ......................................................................................................................................  ............................................................................................................................................................................  Department coordinator - name, telephone number, e-mail .............................................................................  ............................................................................................................................................................................  ............................................................................................................................................................................  Institutional coordinator - name, telephone number, e-mail…………………..................................................  ............................................................................................................................................................................  ............................................................................................................................................................................ |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................................  First name (s): ......................................................  Date of birth: .......................................................  Sex: ...............Nationality:...................................  Place of Birth: .....................................................  E-mail:…………………………………………..  Phone: ................................................................  Current address: ..................................................  .............................................................................. | ***Person to be contacted in case of emergency:***  Family name: ………………………….…………..  First name: …………………………….…………..  Relationship: ………………………………………  Phone: ………………………………....…………..  E-mail: ……………………………….………….. |

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| Briefly state the reasons why you wish to study in our university:  ...........................................................................................................................................................................  ............................................................................................................................................................................  ............................................................................................................................................................................ |

**INFORMATION ON STUDIES AT RECEIVING INSTITUTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | Country | Period of study | | Duration of stay  (months) | No of expected ECTS credits |
| from | to |
| Kazimieras Simonavičius University | Lithuania |  |  |  |  |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue: ................... Language of instruction at home institution (if different): .................................. | | | | | | |
| Other languages | I am currently studying this language | | 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 |
| ..........................  .......................... | 🞏  🞏 | 🞏  🞏 | 🞏  🞏 | 🞏  🞏 | 🞏  🞏 | 🞏  🞏 |

**PREVIOUS AND CURRENT STUDY**

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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 been studying abroad? Yes 🞏 No 🞏  If Yes, when? At which institution? ................................................................................................................. |

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| --- | --- |
| [[1]](#endnote-1) Student's signature:  ………………………………………………………… | Date:  ………………………………………………… |
|  |  |

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| **RECEIVING INSTITUTION** | |
| We hereby acknowledge receipt of the application and the proposed learning agreement. | |
| The above-mentioned student is 🞏  🞏  International coordinator’s signature:  Date: .................................................................... | provisionally accepted at our institution  not accepted at our institution |
|  | |

1. [↑](#endnote-ref-1)