



UNIL | Université de Lausanne
Service des affaires socio-culturelles
bâtiment Unicentre
CH-1015 Lausanne

Photograph

ECTS – EUROPEAN CREDIT TRANSFERT SYSTEM

« INCOMING »

Student application form

Academic year 200... - 200... - Field of study :

SENDING UNIVERSITY

Name and full address:

Department coordinator - name, telephone and telefax numbers, E-mail box :

Institutional coordinator - name, telephone and telefax numbers, E-mail box:

STUDENT'S PERSONAL DATA (TO BE COMPLETED BY THE STUDENT APPLYING)

Matricule number:

Family name: First name(s):

Date of birth: Place of birth:

Sex: Nationality:

Current address: Permanent address (if different):

Current address is valid until:

Tel.: Tel.:

E-mail : E-mail:

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

Institution	Country	Periode of study		Duration of stay (months)	No. of expected ECTS credits
		From	To		
1.
2.
3.

Briefly state the reasons why you wish to study abroad

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LANGUAGE COMPETENCE

Mother tongue		Language of instruction at home institution (<i>if different</i>):				
Other lang.	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

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 and at which institution?.....

RECEIVING / UNIVERSITY OF LAUSANNE

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

Is not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

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Date : Date: