



EXCHANGE STUDY PROGRAMME

STUDENT APPLICATION FORM

ACADEMIC YEAR 20..... / 20.....

FIELD OF STUDY:

THIS FORM SHOULD BE COMPLETED IN BLACK AND BLOCK LETTERS IN ORDER TO BE EASILY COPIED AND/OR TELEFAXED..

NAME OF SENDING INSTITUTION: IED – ISTITUTO EUROPEO DI DESIGN
EXCHANGE COORDINATOR (name, telephone, email):

STUDENT'S PERSONAL DATA (to be completed by the student applying)

Surname and name:
Date and place of birth:
Nationality:
Sex:
City and address:
Email:
Telephone:
Mobile phone:.....

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

Table with 5 columns: INSTITUTION, COUNTRY, PERIOD OF STUDY (SPRING OR FALL), DURATION OF STAY (MONTHS), NUMBER OF EXPECTED CREDITS. Rows 1) and 2).

Briefly state the reason why you wish to study abroad:

Empty box for stating the reason why you wish to study abroad.

LANGUAGE COMPETENCE

Mother tongue:

Language of instruction at home institution (if different):

Other languages	Language Ability Levels <i>(Common European Framework of Reference – CEFR)</i>	Language certifications
1)		
2)		
3)		

PREVIOUS AND CURRENT STUDY

Degree for which you are currently studying:

Have you already been studying abroad?

If Yes, when? At which institution?

Student's signature

Date