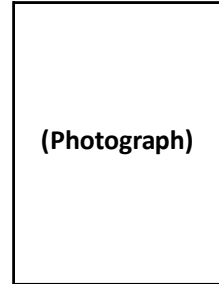


**ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM  
STUDENT APPLICATION FORM**

**ACADEMIC YEAR** 20\_\_\_\_ / 20\_\_\_\_



**FIELD OF STUDY:** \_\_\_\_\_  
(at Home Institution)

<b>SENDING INSTITUTION</b>	
Name and full address: _____	
Department coordinator - name, phone number, e-mail address: _____	
Institutional coordinator - name, phone number, e-mail address: _____	

**STUDENT'S PERSONAL DATA**

*(to be completed by the student applying)*

Family name: _____	First name(s): _____
Date of birth (dd-mm-year): _____	Sex: _____
Nationality: _____	
Current address: _____	Permanent address (if different): _____
Current address is valid until: _____	
Tel: _____	
E-mail: _____	
Contact person (in case of emergency): _____	
Relationship to the applicant: _____	
Address: _____	
Tel: _____	
E-mail: _____	

**DEGREE PROGRAMME AT NOVIA UAS AND PLANNED PERIOD OF STUDY**

Campus	Degree Programme	Period of study		Duration of stay months	N ° of expected ECTS credits
		from	to		

