|  |  |  |
| --- | --- | --- |
| **To be completed by the student** |  |  |

|  |  |  |
| --- | --- | --- |
|   | LLL / ERASMUS **STUDENT APPLICATION FORM** **ACADEMIC YEAR 200\_ / 200\_** | (Photo) |
| **ECTS - European Credit Transfer System** | ** yes** | ** no** |  |

|  |
| --- |
| **FIELD OF STUDY:**  |

|  |
| --- |
| **This application should be completed in BLACK in order to be easily copied and / or telefaxed** |

**SENDING INSTITUTION**

**Name and full address:.................................................................................................................................................
.................................................................................................................................................................................**

*Departmental coordinator -- name, telephone and e-mail address:*

***.................................................................................................................................................................................
.................................................................................................................................................................................***

*Institutional coordinator - name, telephone and e-mail address
.................................................................................................................................................................................*

**STUDENT´S PERSONAL DATA**

**(to be completed by student applying)**

|  |  |
| --- | --- |
| **Family name: ..............................................................****Date of birth: ................................................................****Sex: ............... Nationality: ...................................****Place of birth: ..............................................................****Current address: .........................................................****.......................................................................................****.......................................................................................****.......................................................................................****Current address is valid until: ...................................****Tel.: ...............................................................................** | **First name(s): ................................................................****e-mail address: ……………………………………….****Permanent address (if different): ................................** **.......................................................................................****.......................................................................................****.......................................................................................****Tel.:................................................................................** |

**INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Country** | **Period of Study** | **Duration** **of** **Stay** | ***No. of*** ***expected******ECTS-*** |
| **KIRCHLICHE PAEDAGOGISCHE HOCHSCHULE GRAZ**  |  **AUSTRIA** | **from** | **to** | **(months)** | ***credits* \*\**:*** |
| **A-8010 GRAZ, Lange Gasse 2** | **.......................** | **...................** | **.......................** | ***................*** | ***.....................*** |

TO HELP US FULFIL YOUR ACADEMIC PROGRAMME, PLEASE LIST ALL SUBJECTS

THAT YOU WILL WANT TO PARTICIPATE IN DURING YOUR STAY AT PRIVATE UNIVERSITY COLLEGE OF TEACHER EDUCATION GRAZ. (For guidance, please refer to our website.)

|  |  |
| --- | --- |
| Course code | Course name |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |

## Language Competence

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

Other I am currently studying I have sufficient I would have sufficient knowledge to

**languages this language knowledge to follow follow lectures if I had some extra**

 **lectures preparation**

 **yes no yes no yes no**

**…………………**

**…………………**

**…………………**

## School placement

# Please state whether you will require a school placement during your stay at

**Kirchliche Paedagogische Hochschule Graz Yes** ❒ **No** ❒

**Primary School** ❒ **or Primary School** ❒ **or Special needs class** ❒

**German spoken English spoken**

**How many days in total ……….**

#### Please add any additional information regarding your school placement.

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

|  |
| --- |
| **RECEIVING INSTITUTION:** **We hereby acknowledge receipt of the application.****The above-mentioned student is** ❒ **provisionally accepted at our institution**❒ **not accepted at our institution****Department coordinator’s signature Institutional coordinator’s signature**………………….…………………………………………………………………………**Date:** ……………………………..………  **Date:**……………………..………………… |

Please return this Application Form to the International Office at

Kirchliche Paedagogische Hochschule Graz

Lange Gasse 2

A-8010 Graz

AUSTRIA

Deadline for winter term: 1st June

Deadline for summer term: 1st December

Tel.:0043 316 581670-19, Fax: 0043 316 581670-29

Mag. Silvia Lasnik email: silvia.lasnik@kphgraz.at