



European Federation of Catholic Universities
Fédération des universités catholiques Européennes
Federación de universidades católicas de Europa

**FUCE SCHOLARSHIP MOBILITY PROGRAMME
STUDENT APPLICATION FORM**

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

FIELD OF STUDY:

(please refer to Subject Area Codes in Annex)

SENDING INSTITUTION

Name of the University:

Contact person:

Full address:

Tel: Fax: e-mail.....

STUDENT'S PERSONAL DATA

Family name:

First name:

Sex:

Date of birth:

Place and country of Birth:

Nationality:

Current address:

.....

Tel.:

e-mail:.....

Contact person in case of emergency :

LANGUAGE COMPETENCE

Mother tongue: Language of instruction at home institution (if different):						
Language of instruction of the host university:						
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
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS AND CURRENT STUDY

Degree for which you are currently studying:	
Cycle for which you are currently studying :	
Number of higher education study years prior to departure abroad:	
Have you already been studying abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, when? At which institution?	
<p>The attached <u>Transcript of records</u> includes full details of previous and current higher education studies. Details not known at the time of application will be provided at a later stage.</p>	

Please write a 200 word statement about yourself with details of your educational objectives, your professional goals and aspirations and how you think a Mobility Scholarship would help you achieve your goals.



Academic Year 20..../20....
Field of study:

Name of student:

Sending institution:

..... Country:

Receiving institution: _____ Country: _____

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
.....
.....
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.....
..... if
.....	necessary, continue the list on a separate sheet
.....

Student's signature _____ Date: _____

SENDING INSTITUTION

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

Name of student:

Sending institution:

..... Country:

CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT
(to be filled in ONLY if appropriate)

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

if necessary, continue this list on a separate sheet

Student's signature

..... Date:

SENDING INSTITUTION

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date:

RECEIVING INSTITUTION

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

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Date:

Date: