

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

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

FUCE SCHOLARSHIP MOBILITY PROGRAMME

STUDENT APPLICATION FORM 2018

FIELD OF STUDY:
(please refer to Subject Area Codes in Annex)
SENDING INSTITUTION
Name of the University:
Contact person:
Full address:
Tun address.
Tel:e-mail.
STUDENT'S PERSONAL DATA
Family name:
Family name: First name:
First name:
First name:
First name: Sex: Date of birth:
First name:
First name: Sex: Date of birth:
First name: Sex:

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 u	niversity:					
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	
PREVIOUS AND CURRENT STUDY							
Degree for which you are Cycle for which you are Number of higher educa Have you already been s If Yes, when? At which	currently stu tion study yea tudying abroa	dying: ars prior to d ad?	eparture abro	oad: No □			
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.							

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

To be sent to FUCE albert.evrard@unamur.be