

# APPLICATION FORM FOR EXCHANGE AND VISITING STUDENTS

Application deadlines: Winter semester 1-30 April, Spring semester 1-30 October

\*Along with this application please submit a CV and the transcript of records.

Complete applications must be sent to: international@umib.net

## 1. YOUR PERSONAL DATA

Surname/Family name ..... Title: Mr/Mrs/Miss/Ms (*please circle*)

First and other names.....

Date of birth (DD-MM-YY) ..... Male/Female (*please circle*)

Country of nationality..... Country of birth.....

Address/es: please write your address clearly and in the format in which it should appear on an envelope:

Permanent address..... Correspondence From: / / Until: / /  
Address (if different) date date

Telephone..... Telephone.....

Fax..... Fax.....

E-mail..... E-mail .....

## 2. TYPE OF STUDENT AND PERIOD OF STUDY

☐ Erasmus or ☐ other Exchange student

Only tick one of these boxes if you have been nominated to participate in an existing exchange.

☐ Visiting student

Academic Year..... (state the academic year you wish to attend, e.g. 2020/2021)

☐ Full academic year Semester 1 ☐ Semester 2

☐ Research project with the following dates.....

3. YOUR CURRENT STUDIES

Please give details of your studies at your home institution and enclose a transcript showing the subjects you have taken and the results you have obtained so far.

Dates of Attendance	Institution	Main course of study (Major)

What qualification will you obtain at the end of your studies and in which year will that be?  
.....

4. Motivation to participate in an exchange program: YOUR REASONS FOR WISHING TO STUDY ABROAD

5. ENGLISH LANGUAGE COMPETENCE

All courses are taught in English and all non-native speakers are required to show that they have an appropriate level of spoken and written English for full academic and social participation. Usually this means a level of B2.

Mother t o n g u e : .....  
Language of instruction at home institution: .....  
B2 test or equivalent taken at (institution): .....  
Results in any other test: .....  
.....  
Please enclose copies of these results/certificates with your application.

6. YOUR PROPOSED STUDY PROGRAMME

Institution where the mobility will take place: \_\_\_\_\_

Course code	Course title	Semester	Number of credits

7. YOUR DECLARATION

The statements on this form are to the best of my knowledge and belief correct. I understand that any offer of a place, Exchange or Visiting Student that I may receive from the University will be based upon the information given in this form, and that if I am found to have given false information, the offer may be withdrawn. I understand that the information supplied on this form will be retained by the University and will be used for the purpose of processing my application. In the event that my application is successful I understand that the information will form part of my student record.

Signed.....Date. ....