

To be completed by the student

LLP / ERASMUS STUDENT APPLICATION FORM



PHOTO

ACADEMIC YEAR 2013 / 2014

ECTS - European Credit Transfer System

FIELD OF STUDY: Teacher Training for the Primary Sector

This application should be completed in **BLACK** in order to be readable when telefaxed

SENDING INSTITUTION

Name and full address: KPH-Edith Stein Stiftshof 1, 6422 Stams

Erasmus ID code: A INNSBRU09

Departmental coordinator -- name, telephone and telefax numbers, e-mail box :

Mag. Dr. Isolde WOOLLEY

Tel: +43 5263 5253 27 Fax: +43 5263 5253 28 Email: isolde.woolley@kph-es.at

Institutional coordinator - name, telephone and telefax numbers, e-mail box:

Isolde Woolley, Büro für Internationale Beziehungen, Tel: +43 (0)5263 5253 27,

Fax: +43 (0)5263 5253 28, e-mail: isolde.woolley@kph-es.at

STUDENT'S PERSONAL DATA (to be completed by student applying)

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

INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM

Institution	Country	Period of Study		Duration of Stay (months)	No. of expected ECTS-credits :
		from	to		
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