

STUDENT APPLICATION FORM

(Photo)

ACADEMIC YEAR 200__ / 200__

FIELD OF STUDY:

Please use a **black** pen to facilitate copying and faxing.

SENDING INSTITUTION

Name: University of Applied Sciences Northwestern Switzerland, School of Life Sciences

Address: Gründenstrasse 40, CH-4132 Muttenz, Switzerland

School ECTS coordinator name, phone and fax numbers, email address:

Institutional coordinator name, phone and fax numbers, email address:

Anne Honegger

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Fax +41 61 467 47 01

international.lifesciences@fhnw.ch

www.fhnw.ch/hls/international

STUDENT'S PERSONAL DATA

Family name: _____	First name (s): _____
Place of birth: _____	Date of birth: _____
Current address: _____	Gender: _____ Nationality: _____
_____	Permanent address (if different): _____
_____	_____
Current address is valid until: _____	_____
Tel.: _____	Tel.: _____
Fax: _____	Fax: _____
E-Mail: _____	E-Mail: _____

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION (in order of preference):

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		From	to		
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Name of student: _____
 Sending institution: _____

Briefly state the reasons why you wish to study abroad:

LANGUAGE COMPETENCE

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

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"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: _____
 Number of higher education years of study prior to departure abroad: _____
 Have you already been studying abroad?
 If Yes, when? At which institution? _____
 The attached transcript of records includes full details of previous and current higher education study.
 Details not known at the time of application will be provided at a later stage.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?
 Yes No

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's transcript of records.

The above-mentioned student is provisionally accepted at our institution not accepted at our institution

Institutional coordinator's name and signature _____	ECTS coordinator's name and signature _____
Date: _____	Date: _____