



Education and Culture DG

Lifelong Learning Programme



ACCADEMIA  
DI BELLE ARTI  
DI FIRENZE

VIA RICASOLI, 66 | 50122 FIRENZE | TEL. 055.215449 – 055.2398660 | FAX 055.2396921 | COD. FISC. 80019050485

## STUDENT APPLICATION FORM

*This application should be completed in BLACK and BLOCK letters in order to be easily copied and/or telefaxed.*

ACADEMIC YEAR 20..... / 20..... Field of Study.....

Study Period ..... from DD MM YYYY ..... to DD MM YYYY .....

### SENDING INSTITUTION

Name and full address

Departmental coordinator – name, telephone and fax numbers, e-mail

Institutional coordinator – name, telephone and fax numbers, e-mail

Foto

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

Family name

First name (s)

Place of birth

Date of birth

DD MM YYYY

Sex

M

F

Nationality

Current address

Permanent address (if different)

Tel. (incl. country code nr.)

Current address is valid

DD MM YYYY

Tel.

e-mail

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

Institution	Country	Period of study		Duration of stay	No. of
		From	to		
1.					
2.					
3.					

Name of student

Sending institution

Briefly state the reasons why you wish to study

**LANGUAGE COMPETENCE**

Mother tongue	Language of instruction at home institution (if different)			
Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	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"/>

*Note: A proof of knowledge of the receiving institution's language of instruction should be submitted*

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

Work experience / position	Firm / organization	Dates	Country

## PREVIOUS AND CURRENT STUDY

Diploma /degree for which you are currently studying:

Number of higher education study years prior to departure abroad:

Have you already been studying abroad?

Yes  No

If Yes when? At which institution?

*The attached Transcript of records includes full of details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.*

Student's Signature

Date

| DD | MM | YYYY

## SENDING INSTITUTION

*We confirm that the above-proposed application form is approved.*

Departmental coordinator signature

Date

| DD | MM | YYYY

Institutional coordinator's signature

Date

| DD | MM | YYYY

Stamp of sending institution

## 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

Departmental coordinator's signature

Date

| DD | MM | YYYY

Institutional coordinator's signature

Date

| DD | MM | YYYY

Stamp of receiving institution