**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**STUDENT APPLICATION FORM**                        **Photo**

**ACADEMIC YEAR 202\_ /202\_**
**FIELD OF STUDY**

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

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| **SENDING INSTITUTION**Name and full address:*Educational institution “Alikhan Bokeikhan University”**Kazakhstan, Semey, Mangilik el str., 11*Institutional coordinator coordinator - name, telephone and telefax numbers, e-mail box*Elena Shustova* *+7 (7222) 42-32-24 (Int.* *125)*internationaloffice@abu.edu.kz  |

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Country | Period of studyfrom to | Duration of stay (months) | NЇ of expected ECTS credits |
|  |  |  |  |  |  |

|  |
| --- |
| Name of student:Sending institution:*Educational institution “Alikhan Bokeikhan University”*Country:*Republic of Kazakhstan*  |

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| Briefly state the reasons why you wish to study abroad ?................................................................................ |

**LANGUAGE COMPETENCE**

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| --- |
| Mother tongue: Language of instruction at home institution (if different):  |
| Otherlanguages | I am currentlystudying thislanguage | I have sufficientknowledge to followlectures | I would have sufficientknowledge to followlectures if I had someextra preparation |
|  | yes | no | yes | no | yes | No |
|  |  |  |  |  |  |  |

**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 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 details of previous****and current higher education study. Details not known at the time of****application will provided be at a later stage.** |

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

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| --- |
| **RECEIVING INSTITUTION**  |
| We hereby acknowledge receipt of the application, the proposed learningagreement and the candidate’s Transcript of records. |
| The above-mentioned student is Departmental coordinator’s signature....................................Date:.................................... |  provisionally accepted at our institution not accepted at our institution     without Institutional coordinator’s signature..........................................Date.......................................... |