**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](mailto: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 study  from 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |  |  |

**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.** |

|  |
| --- |
| 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  Departmental coordinator’s signature  ....................................  Date: .................................... | provisionally accepted at our institution  not accepted at our institution      without  Institutional coordinator’s signature  ..........................................  Date .......................................... |