



**COLLEGE
CONTACT.COM**

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**STUDENT APPLICATION FORM
(Photograph)**

ACADEMIC YEAR 20..../20....

FIELD OF STUDY:

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

SENDING INSTITUTION

Name and full address:
.....
Department coordinator - name, telephone and telefax numbers, e-mail box
.....
Institutional coordinator - name, telephone and telefax numbers, e-mail box:
.....
.....

RECEIVING INSTITUTION:

Name and full address: **UNIVERSIDAD CATÓLICA SAN ANTONIO DE MURCIA**
Department coordinator - name, telephone and telefax numbers, e-mail box
.....
Institutional coordinator - name, telephone and telefax numbers, e-mail box: Leocadía Díaz, Tel.: 0034 968 278599 Fax: 0034 968 278600, E-mail: LDiaz@pdi.ucam.edu

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: First name (s):
Date of birth: E-mail:
Sex: Nationality: Identity Card Number
Place of Birth: Passport n°:
Current address: Permanent address (if different):
.....
Current address is valid until:
Tel.: Tel.:

Period of study from to.....

*Overseas Exchange Programme
Student Application Form*

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** 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 be provided at a later stage.

RECEIVING INSTITUTION ACCEPTANCE.

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 Institutional coordinator's signature

.....

Date: Date :

**OVERSEAS EXCHANGE PROGRAMME
LEARNING AGREEMENT**

ACADEMIC YEAR 20..../20.... – SEMESTER.....

FIELD OF STUDY:

Name of student:
Sending institution: Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: .Universidad Católica San Antonio..... Country: .Spain.....

A. COURSE UNITS TO STUDY AT THE HOST UNIVERSITY.

titles & codes of the course units to study at the host university	duration	Local credits

B. LOCAL COURSE UNITS THE STUDENT HOPE TRANSFER		
titles & codes of the local course units the student hope transfer	duration	Local credits

if necessary, continue the list on a separate sheet

Student's signature Date:
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SENDING INSTITUTION	
We confirm that the proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature (approved by the Departmental Director) Date:	Institutional coordinator's signature (approved by the International Relations Director) Date:

RECEIVING INSTITUTION	
We confirm that this proposed programme of study/learning agreement is approved.	
Departmental coordinator's signature Date:	Institutional coordinator's signature Date:

CHANGES TO THE ORIGINAL PROPOSED STUDY PROGRAMME (learning agreement)
(to be filled in ONLY if appropriate)

A. COURSE UNITS CHANGED AT THE HOST UNIVERSITY

Course unit titles & codes at the host university	Duration.	Deleted course unit	Added course unit	local credits
.....
.....	<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"/>
.....

if necessary, continue this list on a separate sheet

B. COURSE UNITS CHANGED AT UCAM.

Course unit titles & codes at UCAM	Duration..	Deleted course unit	added course unit	Local credits.....
.....
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Student's signature Date:

SENDING INSTITUTION
 We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.
 Departmental coordinator's signature. (approved by the Departmental Director) Institutional coordinator's signature (approved by the International Relations Director)
 Date: Date:

RECEIVING INSTITUTION
 We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.
 Departmental coordinator's signature Institutional coordinator's signature
 Date: Date: