



2 Emanuil Chakarov Str., 5250 Svishtov, Bulgaria



+ 35963166440 erasmus@uni-svishtov.bg

STUDENT'S FULL NAME ACADEMIC YEAR 2017/2018

Insert your photo here and resize it (if necessary) in order to fit the frame

APPLICATION FORM

FOR EXCHANGE STUDENT

(ACADEMIC YEAR 2017/2018)

Exchange programme:	ERASMUS+ MOBILITY PROGRAMME				
Requested duration of study:	1 semester (spring/autumn) from [dd/mm/yyyy] till [dd/mm/yyyy]				
STUDENT'S PERSONAL DATA					
Surname:			First name (s):		
Date of birth:		dd/mm/yyyy	Place of birth:		

M/F **Nationality:** Sex: **Passport or National ID No.: Authority:** Date of issue: Date of expiry:

STUDENT'S CONTACT DATA				
Email:	Skype account: (if any)			
Facebook account:	LinkedIn account: (if any)			
Telephone number: (mobile phone no., incl. country code)	Viber account:			
Permanent address:	Country, city, postal code, street name and number			





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Correspondence address: (if different)

Country, city, postal code, street name and number



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ACCOMMODATION DATAILS						
Accommodation preference ¹ :		C University accommodation Private accommodation				
Name of roommate: (in case you wish to share a room with a given person)						
Arrival date:		dd/mm/yyyy	Departure da	te:	dd/mm/yyyy	
CURRENT STUDENT STATUS						
Home institution:						
Address:	Country, city, postal code, street name and number					
Faculty:			Current year	of study:		
Field of study: (ISCED 2013)						
Study cycle	01	Bachelor	[©] Master			
study cycle	0)	Doctorate				
Date:	dd/	/mm/yyyy	Student's signature:			

¹ University accommodation means accommodation at the D. A. Tsenov Academy of Economics dormitories. The dormitory rooms are shared, two-bed rooms. There is plenty of private accommodation available to rent in Svishtov. It is offered by accommodation agencies and individual landlords. None of the private houses, flats or rooms are university-approved.



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Copy of passport or ID card

Learning agreement for studies

1.

2.

3.

3.1.

3.2.

STUDENT'S FULL NAME ACADEMIC YEAR 2017/2018

Name and position of responsible person:						
Email:		Telephone number:				
I certify that the above-mentioned student has been accepted by my institution for mobility for studies.						
I confirm that st	udent's level of competer	nce in English is adequa	te for studying abroad.			
Date:	dd/mm/yyyy	Signature and stamp:				
Please send the scanned copy of the completed application form to: erasmus@uni-svishtov.bg not later than December 10 th (for spring semester) or July 31 st (for autumn semester). Please attach to the above-mentioned email your Erasmus+ students Learning agreement for studies at the D. A. Tsenov Academy of Economics that is approved and signed by your institution.						

Other relevant documents (e.g. certificate of language competence, CV, etc.)

4



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RECEIVING INSTITUTION						
Name and posit responsible per	I DITECTOR OF THE LEADING		for International Affairs			
Email:	m.smokova@uni-svishtov.bg		Telephone number:	+359 631 66 440		
Status of student's application:	☐ Accepted		□ Not accepted			
I declare that personal data collected through this application procedure will be exclusively treated for institutional purposes.						
Date:			Signature and stamp:			