



SISEKAITSEAKADEEMIA
Estonian Academy of Security Sciences

STUDENT APPLICATION FORM
ERASMUS+
Academic Year 2023/2024

STUDENT APPLICATION FORM

for studies:

for traineeship:

SENDING INSTITUTION

Sending Institution name:

.....

Sending institution full address:

.....

Department coordinator - name, telephone, e-mail:

.....

Institutional coordinator - name, telephone, e-mail:

.....

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

First name(s): Current home address:

Family name:

Date of birth:

Place of Birth: Telephone:

Sex: E-mail:

Nationality:

LIST OF INSTITUTIONS WHERE YOU WOULD LIKE TO STUDY *(in order of preference):*

Institution	Country	Period of study/placement		Duration of stay (months)	N° of expected ECTS credits
		from	to		
1.
2.
3.

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/ participate in training		I would have sufficient knowledge to follow lectures/ participate in training 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 PLANNED *(if relevant)*

Type of work experience	Organisation	Dates	Country
.....
.....

PREVIOUS AND CURRENT STUDY

Degree for which you are currently studying (BA/MA):

Speciality what you are currently studying and what year:

Have you already been studying / working 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.

SENDING INSTITUTION

Students name:

Sending institution contact person:

.....

.....

Student's signature

Sending institution contact persons' signature:

.....

.....

Date:

Date: