**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**STUDENT APPLICATION FORM Photo**

**ACADEMIC YEAR 2022/ 2023**

**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: Kazakh Ablai khan University of International Relations and World Languages Muratbaev street 200, Almaty, Kazakhstan........................................................................................Department coordinator - name, telephone and telefax numbers, e-mail box Institutional coordinator - name, telephone and telefax numbers, e-mail box ............................................................................................................................................................ |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

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| --- | --- |
| Family name: .....................................................................Date of birth: .....................................................................Sex: .............................................................Nationality:...................................................Place of Birth: ...............................................Current address: .................................................................................................................................................................................................................................................................Current address is valid until: ......................E-mail: ………..……………………………. | 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) | N° of expected ECTS credits |
| 1................................2................................3................................ | .................................................. | .............................. | ........................... | ............................................. | ................................................................................................... |

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| Name of student: ........................................................................................................................................Sending institution:..Kazakh Ablai khan University of International Relations and World Languages....................................................................................................................... Country: .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): ........................................................................................................................................ |
| 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**

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| --- |
| 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 costs of your study period abroad? Yes 🞏 No 🞏 |

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| **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 institutionnot accepted at our institutionInstitutional coordinator’s signature.......................................................................Date ....................................................................... |
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