**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)*

|  |  |
| --- | --- |
| 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 study  from 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 institution  not accepted at our institution  Institutional coordinator’s signature  .......................................................................  Date ....................................................................... |
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