

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 20.. /20..

FIELD OF STUDY: Kunstgeschichte

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

SENDING INSTITUTION

Name and full address: Universität Basel, Petersplatz 1, 4003, Switzerland

Department coordinator - name, telephone, fax and e-mail:

Laura Indorato, Erasmus coordinator Dep. History of Art

Tel.: +41 612066390, laura.indorato@unibas.ch

Institutional coordinator - name, telephone, fax and e-mail:

Mobility Office, Gérald Zimmermann lic.phil. & Andrea Delpho M.A. Petersplatz 1, 4003 Basel, Switzerland

+41 (0)61 267 3028, +41 (0)61 267 3035, mobility@unibas.ch

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name:	First name (s):
Date of birth:	Matrikelnummer:.....
Sex:Nationality:.....	
Place of Birth:	Permanent address (if different):
Current address:	
.....	
.....	
Current address is valid until:	Tel.:
Tel.:	E-mail:
E-mail:	

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.					

Name of student:
 Sending institution: University of Basel Country: Switzerland

Briefly state the reasons why you wish to study abroad ?

LANGUAGE COMPETENCE

Mother tongue: **Deutsch** Language of instruction at home institution (if different): **Deutsch**

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

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 ?

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 ☐ provisionally accepted at our institution
☐ not accepted at our institution
 Departmental coordinator's signature Institutional coordinator's signature

.....
 Date:..... Date :.....