## ECTS - EUROPEAN COMMUNITY COURSE CREDIT TRANSFERT SYSTEM

#### STUDENT APPLICATION FORM

#### **ACADEMIC YEAR**

#### FIELD OF STUDY:

(photograph)

This application should be completed in BLACK in order to be easily copied and/or telefaxed

#### **SENDING INSTITUTION**

Name and full: University of Chemical Technology and Metallurgy, Sofia

Departmental Coordinator – name, telephone and telefax numbers, e-mail address :

868-81-73 and (+ 359 2) 81-63-121, fax (+359 2) 868-54-88; e-mail: seikova@uctm.edu

Institutional Coordinator – name, telephone and tele-fax numbers, e-mail address:

Prof. R. Betcheva, tel. (+3592)96-25-219, fax (+359 2) 868-54-88; betcheva@actm.edu

#### STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Date of Birth:	Place of Birth:
Sex:	Nationality:
Current Address:	Permanent Address (if different):
Current address id valid until:	
Tel:	Tel:
e-mail adress :	e-mail adress :

### LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APLLICATION FORM

(in order of preference):

		Period of study		Duration	No. of expected	
Institution	Country	From	То	of stay (months)	ECTS credits	
1						
3						
				•••••		

P.T.O

Name of Student : Sending institution Country :	:							
	on the diffe	rent substar	ices and mater	ials. I would like	to develop my gra	newest technology in the		
ANGUAGE COM	IPETEN(	CE						
Mother tongue: Bulgar	ian La	anguage of i	nstruction at h	ome institution (i	f different):			
Other languages	I am curr studying language	this	I have sufficient knowledge to follow lectures		to follow l	I would have sufficient knowledge to follow lectures if I had some extra preparation		
English.	Yes	No	Yes	No	Yes	No		
French								
VORK EXPERIE								
Type of work experience	ce	Firn	n / organisation	1	dates	country		
REVIOUS AND C	URREN'	T STUDY	7					
Diploma/degree for wh	ich you are	currently st	udying:					
Number of higher e	education	study year	rs prior to de	eparture abroac	d:			
Have you already been	studying ab	oroad ?	Yes	No				
If yes, when ? at w The attached Transcr known at the time of a	ipt of Reco	rds include			urrent higher ed	ucation study. Details r	ot	
Do you wish to apply f	or a mobilit	y grant to as	sist towards th	ne additional cost	s of your study per	riod abroad ?		
ECEIVING INSTITU	JTION							
We hereby acknow candidates's transcr			application,	the proposed	learning agreen	nent and the		
The above-mentioned s	student is			provisionally acce Not accepted at or	epted at our institu ur institution	tion		
Departmental Coor	Departmental Coordinator's signature Instituional Coordinator's signature							
Date :			I	Date :				
				ECTS S	TUDENT APP	LICATION FORM	- pa	

# ECTS-EUROPEAN COMMUNITY COURSE CREDIT TRANSFERT SYSTEM LEARNING AGREEMENT

ACADEMIC YEAR: 2007/2008 -- FIELD OF STUDY: chemistry

Name of Student :					
Sending institution :					
	Country : Bulgaria				
DETAILS OF THE PROI	POSED STUDY PROGRAMME ABROAD/LEARNING AGREEMEN	<u>T</u>			
Receiving institution	:				
	Country:				
Course code (if any)	Course title	Number of			
and page n°. of the information package	(as indicated in the information package)	ECTS credits			
•••••					
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	If necessary, continue is	the list on a separate sheet			
Student's signature		-			
•••••	Date :				
	SENDING INSTITUTION				
We confirm that this	proposed programme of study / learning agreement is approved.	•			
Departmental Co	ordinator's signature Institutional Coordin	nator's signature			
	Data				
Date :	Date :				
	RECEIVING INSTITUTION				
We confirm that this	proposed programme of study / learning agreement is approved.				
<b>Departmental Co</b>	ordinator's signature Institutional Coordin	nator's signature			
Date :	Date ·				