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| **ERASMUS+**  **Student Application Form**  **Academic Year 20**      **/ 20** | (Photo) |
| ECTS- European Credit Transfer System  yes no |

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

Field of Study:        
Study cycle (Bachelor or Master):

|  |  |
| --- | --- |
| **Sending institution** | |
| Name and full address |  |
| Departmental coordinator  name, telephone, e-mail address |  |
| Institutional coordinator  name, telephone, e-mail address |  |

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| **Students Personal Data (to be completed by student applying)** | |
| Last name |  |
| First name(s) |  |
| Date & place of birth |  |
| Sex |  |
| Nationality |  |
| Current address |  |
| Permanent address (if different) |  |
| Current address is valid until |  |
| Telephone |  |
| E-mail |  |

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| **Institution which will receive this application form**  **Private University College of Teacher Education Augustinum I Private Pädagogische Hochschule Augustinum**  **A 8010 Graz, Lange Gasse 2, OG 3, International Office**  **Austria** | |
| Period of Study | from       to |
| Duration of Stay (months) |  |
| No. of expected ECTS-Credits |  |

To help us fulfil your academic program, please list all subjects that you will want to participate in during your stay at Private University College of Teacher Education Graz.   
(for guidance, please refer to our website)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Course Code** | **Corse Name** | **EC-Points** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| **Total** | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Language Competence** | | | |
| Mother tongue |  | | |
| Language of instruction at home institution  (if different) |  | | |
| Other languages | please fill in “yes” or “no” | | |
|  | 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 |
|  |  |  |  |
|  |  |  |  |
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| **School placement**  Please state whether you will require a school placement during your stay at Private University College of Teacher Education Augustinum | |
| You need a stay | Yes No |
| Kind of School | Primary School German spoken  Primary School English spoken  Special Needs Class |
| How many days in total |  |
| Additional Information |  |

|  |  |
| --- | --- |
| **Receiving Institution**  We hereby acknowledge receipt of the application. | |
| The above-mentioned student is | provisionally accepted at our institution.  not accepted at our institution. |
| Date & Department coordinator’s signature |  |
| Date & Institutional coordinator’s signature |  |

**Please return this application form via E-mail to international.office@pph-augustinum.at**

Private University College of Teacher Education Augustinum  
A 8010 Graz, Lange Gasse 2, OG 3, International Office  
Austria

Tel.: +43 (0)316 58 16 70-19  
Fax: +43 (0)316 58 16 70-29

Deadline for winter term: 1st June  
Deadline for summer term: 1st December

www.pph-augustinum.at