


To be completed by the student

 <p>KIRCHLICHE PÄDAGOGISCHE HOCHSCHULE</p>	<p>LLL / ERASMUS</p> <p>STUDENTAPPLICATION FORM</p> <p>ACADEMIC YEAR 20__ / 20__</p>	<p>(Photo)</p>
<p>ECTS - European Credit Transfer System <input type="checkbox"/> yes <input type="checkbox"/> no</p>		

FIELD OF STUDY:

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

<p>SENDING INSTITUTION Name and full address:..... <i>Departmental coordinator -- name, telephone and telefax numbers, e-mail box[†] :</i> <i>Institutional coordinator - name, telephone and telefax numbers, e-mail box^{**} :</i> </p>

STUDENT'S PERSONAL DATA
(to be completed by student applying)

<p>Family name: Date of birth: Sex: Nationality: Place of birth: Current address: Current address is valid until: Tel.:</p>	<p>First name(s): e-mail address: Permanent address (if different): Tel.:.....</p>
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INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM

Institution	Country	Period of Study	Duration of Stay (months)	No. of expected ECTS-credits ^{**} :				
<p>KIRCHLICHE PAEDAGOGISCHE HOCHSCHULE GRAZ A-8010 GRAZ, Lange Gasse 2</p>	<p>AUSTRIA</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">from</td> <td style="width: 50%; text-align: center;">to</td> </tr> <tr> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> </table>	from	to	<p>.....</p>	<p>.....</p>
from	to							
.....							

[†] Complete this column only if ECTS is used at your entire home institution or in the study area at your home institution

TO HELP US FULFIL YOUR ACADEMIC PROGRAMME, PLEASE LIST ALL SUBJECTS AND MODULES THAT YOU WILL WANT TO PARTICIPATE IN DURING YOUR STAY AT KIRCHLICHE PAEDAGOGISCHE HOCHSCHULE GRAZ (For guidance, please refer to our website.)

SUBJECT	MODULE NAME/DESCRIPTION
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

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
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schoolplacement

Please state whether you will require a school placement during your stay at

Kirchliche Paedagogische Hochschule Graz Yes No

Primary School or Secondary School Special needs class
 (Religious Education only)

How many days in total

Please add any additional information regarding your school placement.

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RECEIVING INSTITUTION:	
We hereby acknowledge receipt of the application.	
The above-mentioned student is	<input type="checkbox"/> provisionally accepted at our institution
	<input type="checkbox"/> not accepted at our institution
Department coordinator's signature	Institutional coordinator's signature
.....
Date:	Date:.....

Please return this Application Form to the International Office at

Kirchliche Paedagogische Hochschule Graz
Lange Gasse 2
A-8010 Graz
AUSTRIA

Deadline for winter term: 31st Mai
Deadline for summer term: 1st December

Tel.:0043 316 581 670 19, Fax: 0043 316 581 670 29
e-mail: International Office, international.office@kphgraz.at