

## **APPLICATION FORM FOR INCOMING STUDENTS**

### **ACADEMIC YEAR 2015-2016**

This application should be completed in BLACK CAPITALS and must be returned duly signed and stamped to :

Sammy Del Gallo  
**erg**  
international projects  
Rue du Page 87  
1050 Bruxelles  
Tél : 32 2 538 98 29  
[sammy.del.gallo@erg.be](mailto:sammy.del.gallo@erg.be)

Please send with this form

- 2 photo-copies of your passport/ID card
- a copy of a valid insurance form while you're studying at **erg** (E-128)

### **STUDENT 'S PERSONAL DATA**

Family Name :

First Name(s) :

Male/Female :

Place and Date of birth :

Nationality :

Permanent adress :

ZIP-Code :

Country :

Phone or mobile phone :

E-mail :

Current year of study at home institution :

Achieved ECTS credits till now :

### **INTENDED PERIOD OF STUDY AT **erg****

Academic Year 2015-2016

Autumn Semester / Spring Semester :

I want to be hosted in the Erasmus guest house : Yes / No

**LANGUAGE COMPETENCE**

Mother tongue :

Other languages :

Knowledge of French language :

**SENDING INSTITUTION DATA**

Full name :

City & country :

Erasmus code :

Field of study :

Name of institutional or departemental coordinator :

E-mail :

Signature and Official stamp :

**WHAT ARE YOUR REASONS FOR APPLYING AT [erg](#) ?**

Student's signature :