



UNIVERSIDADE PORTUGALENSE

LIFELONG LEARNING PROGRAMME (LLP)
Higher Education (ERASMUS)

ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM
PPORTO 07

photograph

Please return this application filled (in English) by post, fax or e-mail.

SENDING INSTITUTION

Name (in English):
Full Address:
Country:
Faculty / Department:
Departmental / Institutional Coordinator (name, phone, fax , e-mail)

STUDENT'S PERSONAL DATA

Last /Family name:	First name:
Place and date of birth:	
Sex:	Nationality:
Current address:	
Permanent address (if different):	
e-mail:	
Phone/Mobile phone (including country code):	



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PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying (Please also mention specialisation field):*

***Please attach your transcripts of records of the previous years/semesters (in English)**

Number of higher education study years prior to departure abroad:

Duration of stay (months):

Period of study: from to

LANGUAGE COMPETENCE

Mother tongue:

Other languages:

Are you currently studying Portuguese?

Do you have sufficient knowledge to follow lectures?

Are you interested in attending an intensive course?

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Enterprise	Dates	Country

STUDY PROGRAMME THE STUDENT WISHES TO APPLY

International semester (in English):

1st Semester

2nd Semester

Number of ECTS credits: a package of at least 30 ECTS is offered.



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MOTIVATION

Briefly state the reasons why you wish to study abroad in the chosen programme.

LLP/ERASMUS GRANT

Will you receive an LLP/Erasmus mobility grant from your home institution to assist towards the additional costs of your study period abroad?

Yes

No

ACCOMMODATION

I will search for accommodation by myself

Only if your application reaches us before the set deadlines:

I would like help from PORTUCALENSE to search for accommodation.

Please contact ri@upt.pt

Date: ____/____/____

Student's signature:



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AGREEMENT OF THE SENDING INSTITUTION

(To be completed by a staff member of the sending school)

The Sending Institution hereby confirms that the applying student has been selected at the home university / institution to apply for an Erasmus study period at Portucalense University.

Date: ____/____/____

Name and function: _____

Signature and stamp of the school: _____

RECEIVING INSTITUTION

Name: **Universidade Portucalense Infante D.Henrique**

Contact person: Susana Correia da Silva
International Relations Officer

Address: Gabinete de Relações Internacionais - International Office
R.Dr. António Bernardino de Almeida, 541-619 – 4200-072 PORTO
PORTUGAL

Tel: + 351 22 5572224 Fax: + 351 225572010

e-mail: ri@upt.pt

ACKNOWLEDGEMENT OF THE RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's transcript(s) of records.

The above mentioned student is

- accepted at UPT
 provisionally accepted at UPT
 not accepted at UPT

Departmental coordinator's signature

Institutional coordinator's signature

Date: _____

Date: _____