

# APPLICATION FORM FOR EXCHANGE STUDENTS/ERASMUS

ACADEMIC YEAR 20\_\_\_ / 20\_\_\_



Calle Gracia, 4  
18002 Granada  
Tel. 958 264 500

ACCEPTED

NON ACCEPTED

## APPLICANT

FAMILY NAME: \_\_\_\_\_

NAME: \_\_\_\_\_  MALE  FEMALE

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

PASSPORT/ID: \_\_\_\_\_

## CURRENT EDUCATION

HOME INSTITUTION: \_\_\_\_\_

YEAR OF MATRICULATION: \_\_\_\_\_

DEGREE WHICH YOU ARE CURRENTLY STUDING FOR: \_\_\_\_\_

SEMESTERS/YEARS COMPLETED: \_\_\_\_\_

## STUDY BOARD

GUEST INSTITUTION: **ESCUELA DE ARTE DE GRANADA**

SPECIALITY [Choose only one option]:

Graphic Design

Fashion Design

Illustration

Photography

Interior Design

Textile Art

Ceramic

Grabado

Sculpture

TURN [Choose only one option]:

Morning

Evening

PERIOD OF STAY\*:

1st. term

2nd. term

SUBJECTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*  
1st. term [September-February]  
2nd. term [March-June]

STUDENT SIGNATURE

\_\_\_\_\_

DATE:

SENDING INSTITUTION SIGNATURE

\_\_\_\_\_

DATE:

GUEST INSTITUTION SIGNATURE

\_\_\_\_\_

DATE: