



INTERNATIONAL CENTER FOR ADVANCED MEDITERRANEAN AGRONOMIC STUDIES
Mediterranean Agronomic Institute of Chania

STUDENT APPLICATION FORM (SOCRATES / ERASMUS)

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

ACADEMIC YEAR: 20..... / 20.....

- FIELD OF STUDY:** Business Economics and Management
 Please select Environmental Management
 Horticultural Genetics and Biotechnology
 Food Quality Management and Chemistry of Natural Products
 Natural Products and Biotechnology
 Sustainable Agriculture

(Photograph)

SENDING INSTITUTION

Name and full address: _____

Department coordinator: _____
 Tel: _____ Fax: _____ E-mail: _____

Institutional coordinator: _____
 Tel: _____ Fax: _____ E-mail: _____

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

Family name: _____ **First name (s):** _____
Date of birth: _____ **Sex:** _____
Place of Birth: _____ **Nationality:** _____
Current address: _____ **Permanent address (if different):** _____

Current address is valid until: _____

Tel.: _____ **Tel.:** _____
Fax: _____ **Fax:** _____
E-mail: _____ **E-mail:** _____

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference)

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Name of student: _____
Sending institution: _____

Briefly state the reasons why you wish to study abroad ? _____

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"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant) _____

Type of work experience	Firm/organisation	Dates	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS AND CURRENT STUDY _____

Diploma/degree for which you are currently studying: _____
Number of higher education study years prior to departure abroad: _____
Have you already been studying abroad? Yes No
If Yes, when ? at which institution ? _____
 The attached *Transcript of records* includes full details of previous and current higher education study. Details not known at the time of application will provided be at a later stage.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?
 Yes No

STUDENT'S SIGNATURE: _____ **Date:** _____

RECEIVING INSTITUTION _____

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

The above-mentioned student is **provisionally accepted** at our institution
 not accepted at our institution

Departmental coordinator's signature _____ **Institutional coordinator's signature** _____

Date: _____ **Date:** _____