

ACADEMIC YEAR:

- ☐ HR and Labour Relations
☐ Social Work
☐ Master's Degree in
Gender Relations

PHOTO

STUDENT'S PERSONAL DETAILS

SURNAME, FIRST NAME(S)

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PASSPORT NUMBER DATE OF BIRTH

PLACE OF BIRTH NATIONALITY

HOME ADDRESS

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.....

ADDRESS DURING ACADEMIC YEAR

.....

.....

TELEPHONE E-MAIL (**please write clearly**)

SEX Male ☐ Female ☐

Information should be sent to: Home address ☐ Address during academic year ☐

HOME INSTITUTION

NAME OF INSTITUTION

.....

NAME OF DEGREE STUDIED

.....

ADDRESS

.....

.....

NAME OF CONTACT PERSON

.....

TELEPHONE E-MAIL (**please write clearly**).....

HOST INSTITUTION

FACULTY/SCHOOL.....

COORDINATOR.....

DURATION OF STAY

Nº MONTHS..... PERIOD OF STAY: From..... To

ACADEMIC YEAR:

☐ HR and Labour Relations

☐ Social Work

☐ Master's Degree in
Gender Relations

LANGUAGES

MOTHER TONGUE

OTHER LANGUAGES	Reading Comprehension:	Listening Comprehension:
SPANISH	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
ENGLISH	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
.....	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>

Would you be interested in taking a Spanish course during your stay? YES ☐ NO ☐

LEVEL Beginner ☐ Intermediate ☐ Advanced ☐

COURSES TO BE TAKEN IN THE HOST INSTITUTION

Code	Course Title	UZ Credits	ECTS Credits

Would you like to take a work placement? YES ☐ NO ☐

NUMBER OF HOURS

FIELDWORK PREFERENCE (mention 2)

CURRICULUM VITAE (courses; work experience; voluntary work, etc.)

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SIGNATURE OF STUDENT

Signature of Student:

Date:

SIGNATURE OF HOME INSTITUTION

Signature of Coordinator

Official Stamp of Institution

Date: