

Application Form

School year: ____/____

Identification

Full Name _____

Marital Status _____

Father's Name _____

Mother's Name _____

Date of Birth ____ - ____ - ____ (DD/MM/YYYY)

Nationality _____

Identification Document

Identity card / Passport Nº _____

Emitted on _____

Address and Contacts

Country _____

Address _____

Postal Code _____

Mobile Phone _____

Telephone _____

E-mail _____

Academic background

Name of the University _____

Faculty / Area _____

Year of Study _____

Expected date of Graduation ____/____ (mm/yyyy)

Proposed course of study at ISLA-IPGTPeriod of study _____ (1st semester / 2nd semester and year)

Number of months you'll spend at ISLA-IPGT _____ months.

Languages spoken

<i>Language</i>	<i>Level</i>

I hereby certify that the data I am submitting with this form is correct.

Signature Student:

Date:

Signature of Institutional Erasmus Coordinator

Date:

(Stamp of home University)

Dear Student,

Please note that by sending this information we will need the following documents:

- Copy of identity card / passport
- Photograph
- Copy of European health card / insurance
- Learning agreement

The host university will send you:

- A letter of acceptance
- A brochure of Porto / Gaia
- Information about accommodation if requested
- Contact of your “Buddy”.
- Any other information needed

In the meantime have a check

<http://stayinporto.pt/en/porto/>