

(LSB will fill these 8 small squares)

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Host institution

Name and full address: Luxembourg School of Business - 46 Côté d'Eich, 1450 Luxembourg**Incoming coordinator:** Francesca Minzera
Tel. +352 621 965 169Please, **typewrite the form**. Handwritten forms will not be accepted!

(surname/family) Last Name		
First Name		
Gender (M/F)		
E-mail (1)		
(recommended) E-mail (2)		
Coordinator's e-mail(s)		
Coordinator's name		
Home University		
(of your institution) Country		
Nationality		
Select one	<input type="checkbox"/> Term 1 (Sep-October) <input type="checkbox"/> Term 2 (Nov-Jan) <input type="checkbox"/> Term 1+2 <input type="checkbox"/> Term 3 (Jan-March) <input type="checkbox"/> Term 4 (March-May) <input type="checkbox"/> Term 3+4 <input type="checkbox"/> whole year 22/23	
Master	<input type="checkbox"/> Master	
Passport number / ID number	Pass:	ID:
(DD/MM/YYYY) Date of Birth		
Home address (street, number, city, province, zip code)		

Telephone / Cell number		
Emergency contact name (relationship)		
Emergency contact information (telephone, cell phone and e-mail)		

Sending institution (Please, typewrite the rest of the form and duly sign it)

Name		
Erasmus ID code (if available)		
Full address		
Departmental coordinator		
E-mail		
Other email or contact person		
Telephone / Fax		

Other

Do you require a visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance company (number of the policy)		
Allergies or other medical condition that we should be aware of		
Native language		
Other languages		
Hobbies and interest		
What sports do you do?		

Please double check that you have enclosed all of the following documents.

(It is mandatory to enclose every document here under)

Send us the documentation **by email**.

<input type="checkbox"/> Application form	(signed both by your coordinator and yourself)
<input type="checkbox"/> A photocopy of the student's passport	(ID is enough for EU members)
<input type="checkbox"/> A photocopy of the international health insurance	(EU Health insurance card is enough)
<input type="checkbox"/> Motivation letter	(Health insurance policy <u>may be sent later</u> , after you are accepted)
<input type="checkbox"/> Curriculum Vitae (Resume)	(standard one stating why you want to come to LSB)
<input type="checkbox"/> Transcript of records	
<input type="checkbox"/> ID photograph	
<input type="checkbox"/> Learning agreement	(signed by the International Studies Coordinator and yourself - can be added at a later stage)

Signatures

Student	Institutional coordinator:
_____	_____
Date:	Date: