

	<p>Application form for Exchange students Only for students who are enrolled at LSB Academic year: 20____/20____</p>	<p>Paste your photo here</p>
-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------	------------------------------------------

Student's personal information:

Date (dd/mm/yyyy): _____

Surname(s) as in passport: _____	
First Name(s) as in passport: _____	
Gender: Male () Female ()	
Date of birth (dd/mm/yyyy): _____	City and country of birth: _____
e-mail: _____ Other e-mail _____	
Mobile phone: _____	Telephone at home: _____
Student ID number: _____	
Nationality (or nationalities): _____ Age: _____ Native language: _____	
Passport number: _____	ID Number: _____
Passport date of issue: _____	Passport date of expiry: _____ Passport city of issue: _____

Current address as it is stated in the ID:

Street: _____	City: _____
Postal/ Zip Code: _____	

Temporal address (if different):

Street: _____	City: _____
Country: _____	Province: _____
Postal/ Zip Code: _____	Telephone No: _____

Period that you desire to study abroad:

Beginning of study: fall semester 20__ <input type="checkbox"/>	spring semester 20__ <input type="checkbox"/>	all academic year 20__ <input type="checkbox"/>
Duration: one semester <input type="checkbox"/>	two semesters <input type="checkbox"/>	

Current studies at LSB (in the moment of filling this application):

I am studying the:			
<input type="checkbox"/> 1 st semester	<input type="checkbox"/> 2 nd semester	<input type="checkbox"/> 3 rd semester	<input type="checkbox"/> 4 th semester

Desired university to study abroad:

1 st Choice:	
University:	_____
Country:	_____
2 nd Choice:	
University:	_____
Country:	_____
3 rd Choice:	
University:	_____
Country:	_____

Languages that you speak:

	Basic	Intermediate	Advanced
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person to contact in case of emergency:

Name: _____ Relationship: _____

City of residence: _____ Telephone: _____

Mobile: _____ e-mail: _____

Please check that you have enclosed the following documents:

<input type="checkbox"/> Curriculum Vitae	<input type="checkbox"/> A recent photograph	<input type="checkbox"/> Transcript of records	<input type="checkbox"/> Privacy consent
-------------------------------------------	----------------------------------------------	------------------------------------------------	------------------------------------------

Student signature: _____