



Erasmus+



**VISOKA ŠOLA**  
za varstvo okolja

**ERASMUS+**  
**STUDENT APPLICATION FORM**  
for academic year 2020-2021

**STUDENT'S PERSONAL DATA**

Last (Family) name (s): \_\_\_\_\_

\_\_\_\_\_

First name (s): \_\_\_\_\_

(Photograph)

\_\_\_\_\_

Gender: \_\_\_\_\_

*(Male, Female)*

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**LANGUAGE COMPETENCE**

Knowledge of languages:

Language: \_\_\_\_\_ Knowledge: \_\_\_\_\_

*(some, reasonably good, very good, fluent)*

Language: \_\_\_\_\_ Knowledge: \_\_\_\_\_

*(some, reasonably good, very good, fluent)*

Language: \_\_\_\_\_ Knowledge: \_\_\_\_\_

*(some, reasonably good, very good, fluent)*

Language: \_\_\_\_\_ Knowledge: \_\_\_\_\_

*(some, reasonably good, very good, fluent)*

Language: \_\_\_\_\_ Knowledge: \_\_\_\_\_

**POSTAL ADDRESS (IN CASE OF ACCEPTANCE WE WILL SEND YOU THE NECESSARY DOCUMENTS TO THIS ADDRESS):**

\_\_\_\_\_

ZIP: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number (country code, area code, number): \_\_\_\_\_

E-mail: \_\_\_\_\_

Field of study: \_\_\_\_\_  
*(Please use the Erasmus+ Subject Area Codes)*

Diploma/degree for which you are currently studying:

*First degree Bologna Study Programme,      Second degree Bologna Study Programme*

*(underline the correct answer)*

Number of higher education academic years prior to departure abroad \_\_\_\_\_

If you have studied abroad before, tell us where:

\_\_\_\_\_

**HOME UNIVERSITY DATA**

Erasmus code: \_\_\_\_\_

**University:**

Name: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

**Faculty/department:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Departmental coordinator - name, telephone and fax numbers, e-mail:

Institutional coordinator – name, telephone and fax numbers, e-mail:

## HOST UNIVERSITY DATA

### STUDY PERIOD

Please check the Academic Calendar of the Environmental Protection College before filling in this part (see Information Package 2020/2021)!

Period of study applied for: \_\_\_\_\_  
(*Winter Semester, Summer Semester, One Study Year*)

For 'other': From (date): \_\_\_\_\_ to (date): \_\_\_\_\_  
(*dd/mm/yy*) (*dd/mm/yy*)

Duration of stay (months): \_\_\_\_\_

Briefly state the reasons why you wish to study abroad?

If, you are unable to study at the host institution due to an emergency, please inform the International Relations Office:

Visoka šola za varstvo okolja  
Trg mladosti 7, 3320 Velenje, Slovenia  
E-mail: andrejka.mevc@vsvo.si, info@vsvo.si  
Phone: +386 3 898 64 15, Fax: +386 3 898 64 13

### RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed Learning agreement for studies/Learning agreement for traineeships and the candidate's Transcript of records.

The above mentioned student is:  provisionally accepted at our institution

not accepted at our institution

Erasmus+ / ECTS coordinator's signature

Institutional coordinator's signature

mag. Andrejka Mevc

prof. dr. Boštjan Pokorny, dean

Date: \_\_\_\_\_

Date: \_\_\_\_\_

