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**APPLICATION FORM FOR INCOMING STUDENT**

**STUDENT’S PERSONAL DATA**

SURNAME:       NAME:

GENDER: Select... ID/PASSPORT N.:

NATIONALITY:       DATE OF BIRTH: DD/MM/YYYY

E‐MAIL:      PHONE: +

PERMANENT ADDRESS:

POSTCODE:       CITY:       COUNTRY:

**EMERGENCY CONTACT**

SURNAME:       NAME:

E‐MAIL:       PHONE: +

ADDRESS:

POSTCODE:       CITY:       COUNTRY:

**STUDY DATA**

OFFICIAL NAME OF THE HOME INSTITUTION:

ERASMUS OID CODE (if applicable):

ADDRESS:

POSTCODE:       CITY:       COUNTRY:

FIELD OF STUDY:       ACTIVITY TYPE: SELECT…

CYCLE OF STUDIES: SELECT... CURRENT YEAR OF STUDY: SELECT...

STUDY PERIOD AT IPCB: SELECT...

PROVISIONAL DATE OF ARRIVAL: SELECT… NUMBERS OF MONTHS:

**INTERNATIONAL DEPARTMENTAL COORDINATOR AT THE HOME UNIVERSITY**

Surname:       Name:

E‐MAIL:       PHONE: +

ADDRESS:

POSTCODE:       CITY:       COUNTRY:

**LANGUAGES**

MOTHER LANGUAGE:

FOREIGN LANGUAGE:       LEVEL: SELECT...

FOREIGN LANGUAGE:       LEVEL: SELECT...

FOREIGN LANGUAGE:       LEVEL: SELECT...

STUDENT’S SIGNATURE DATE: DD/MM/YYYY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby verify that the above‐mentioned student is officially selected as our candidate to the IPCB.

INTERNATIONAL INSTITUTIONAL COORDINATOR’S SIGNATURE AND STAMP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of signatory:       Date: DD/MM/YYYY

**INFORMATION:**

**Deadlines for students with visa requirements:**

* Autumn semester and full academic year – March 15;
* Spring semester: October 15.

**\* Necessary documents:**

* Application Form for Incoming Student completed and signed (fill in the computer not handwritten);
* Learning Agreement for Studies or for Traineeships;
* Passport copy;
* Portfolio (CD or DVD and paper or digital book for arts student only).

**Please send the application form and all the documents by email to** gri@ipcb.pt