



EUROPEAN UNIVERSITY - SKOPJE

Erasmus Office,
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Photo

APPLICATION FORM FOR INCOMING STUDENTS

Academic Year:	
Student Personal Data	
First Name (s):	
Family Name:	
Date of Birth:	
Place of Birth:	
Sex:	
Telephone:	
e-mail Address:	
Current Address	
Postcode city/town :	
Country :	
Street :	
Number of house/block/flat :	
Sending Institution	
Name of Institution :	
Erasmus ID:	
Full Address :	
Erasmus Institutional Coordinator :	

e- mail / Phone::	
Erasmus Departmental Coordinator :	
e- mail / Phone:	
Previous Study	
Field of study and Diploma/Degree for which you are currently studying :	
Date which you started current higher education course :	
Course and duration of proposed study period	
Duration of your exchange (mm-mm/yy) :	
Academic Unit you are applying to :	
Field of study :	
Housing	
Are you applying for an accommodation? :	

TO BE COMPLETED BY STUDENT:

I hereby confirm that the information given in this form is correct and I have attached all necessary documents to this form (see instruction).

Name / Signature: Date:

TO BE COMPLETED BY SENDING INSTITUTION:

I confirm that the student named above has been selected to study at Trakya University as an Erasmus exchange student, within the terms of the Erasmus IIA signed between our university and European University.

Signature: Institution seal / stamp:

Name and title: