**STUDENT APPLICATION FORM Photo**

**KAZAKH NATIONAL WOMEN’S TEACHER TRAINING UNIVERSITY**

**ACADEMIC YEAR 20 /20**

**FIELD OF STUDY**:  **.**

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

|  |
| --- |
| **SENDING INSTITUTION**  Name and full address**: Kazakh National Women’s Teacher Training University**  **050000 Republic of Kazakhstan, Almaty, 99 Aiteke bi street**  Department coordinator - name, telephone and telefax numbers, e-mail box .......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  Institutional coordinator - name, telephone and telefax numbers, e-mail box  ....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................................  Date of birth: ........................................................  Sex:.......................................................................  Nationality:..........................................................  Place of Birth: ......................................................  Current address: ...............................................................................  ...............................................................................  ...............................................................................  Current address is valid until: ...............................................................................  Tel.: ....................................................................... | First name (s): ..............................................................  Permanent address (if different): .....................................................................................  .....................................................................................  .....................................................................................  .....................................................................................  .....................................................................................  Tel.: ............................................................................. |

**LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | Country | Period of study  from to | Duration of stay (months) | | N° of expected ECTS credits |
| 1. ....................................  2. ....................................  3. .................................... | ....................  ....................  .................... | ..................  ..................  .................. | ................  ................  ................ | .................  .................  ................. | ........................  ........................  ........................ |

|  |
| --- |
| Name of student: .............................................................................................................................................................  Sending institution: **Kazakh National Women’s Teacher Training University**  Country: **Republic of Kazakhstan** |

|  |
| --- |
| Briefly state the reasons why you wish to study abroad .............................................................................................................................................................................  .......................................................................................................................................................................................................................................................................................................................................................... |

**LANGUAGE COMPETENCE**

**Hundred**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue: ...................  Language of instruction at home institution (if different): .............................................................................................................................................................. | | | | | | |
| Other languages | I am currently studying this language | | I have sufficient knowledge to follow lectures | | I would have sufficient knowledge to follow lectures if I had some extra preparation | |
|  | yes | no | yes | no | yes | no |
| ..........................  ..........................  .......................... | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |

**PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| Diploma/degree for which you are currently studying: ..............................................................................................................................................................  Number of higher education study years prior to departure abroad: ..............................................................................................................................................................  Have you already been studying abroad ? Yes 🞏 No 🞏  If Yes, when ? at which institution ? ..............................................................................................................................................................  **The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.** |

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION**  .............................................................................................................. | |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. | |
| The above-mentioned student is 🞏  🞏  Departmental coordinator’s signature  ........................................................................  Date: ............................................................... | accepted at our institution  not accepted at our institution  Institutional coordinator’s signature  ..................................................................................  Date .......................................................................... |
|  | |