**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.

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| **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)*

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| 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):**

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

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

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

**LANGUAGE COMPETENCE**

**Hundred**

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| 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**

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| 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.** |

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| **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 institutionnot accepted at our institutionInstitutional coordinator’s signature..................................................................................Date .......................................................................... |
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