HÖGSKOLAN PÅ ÅLAND
ÅLAND UNIVERSITY OF APPLIED SCIENCES

Education and Culture DG
Lifelong Learning Programme

INFORMATION FORM FOR ERASMUS PLACEMENTS

Academic year _____

NAME OF STUDENT: _____

DATE OF BIRTH: _____ NATIONALITY: _____

SEX: _____

PERMANENT E-MAIL ADDRESS: _____

HOME INSTITUTION: _____

FIELD OF STUDY AND DEGREE: _____

YEARS OF STUDY PRIOR TO STUDENT EXCHANGE PERIOD: _____

HOST ENTERPRISE: _____

SIZE OF THE HOST ENTERPRISE (1-50= S, 51-500= M, >500= L):_____

ECONOMIC SECTOR OF THE HOST ENTERPRISE: _____

HOST COUNTRY:_____ LENGTH OF PLACEMENT ABROAD (months): _____

MONTH IN WHICH PLACEMENT COMMENCES (January = 01, February = 02 etc.): _____

WORKING LANGUAGE ABROAD: _____

LINGUISTIC PREPARATION: **□ EILC** **□ HOME INSTITUTION**
□ HOST INSTITUTION/ENTERPRISE **□ NONE**

POSSIBLE QUALIFICATION RECEIVED AT THE HOST INSTITUTION/ENTERPRISE:
□ NONE □ DOUBLE DEGREE □ JOINT DEGREE □ OTHER

ECTS CREDITS ANTICIPATED FROM THE PLACEMENT: _____

PREVIOUS ERASMUS-EXCHANGE: □ NONE □ ERASMUS-STUDY PERIOD □ ERASMUS MUNDUS

_____

My name and contact information may be given to the National Agency / European Comission for the Erasmus alumni organization: _____ yes / _____ no.

Place and date

_____

Student's signature

_____