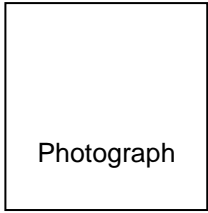


# NON-EUROPEAN PROGRAMS INCOMING STUDENT APPLICATION FORM



ACADEMIC YEAR: 20\_\_-20\_\_

FIELD OF STUDY: SOCIAL WORK  SOCIAL EDUCATION

This application should be completed in BLACK and BLOCK letters in order to be easily copied and/or faxed.

**SENDING INSTITUTION**

Full name .....

Full address .....

Departmental coordinator.....E-mail: .....

Phone number .....Fax number .....

**RECEIVING INSTITUTION**

UNIVERSITAT RAMON LLULL: FACULTY OF SOCIAL EDUCATION AND SOCIAL WORK PERE TARRÉS

Address: Santaló 37 – 08201 Barcelona (Spain)

Vice dean for International Relations: Dr. Óscar Mateos ([omateos@peretarres.org](mailto:omateos@peretarres.org))

Coordinator for international mobility: Anna Rodríguez Casadevall ([arodriguez@peretarres.org](mailto:arodriguez@peretarres.org))

Phone number: +34 934 15 25 51 / Fax number: +34 932 18 65 90

**STUDENT'S DATA**

Family name.....First name(s).....

Passport .....Date of birth.....Gender:  M /  F

Nationality..... Country and place of birth.....

E-mail address ..... Phone nr.....

Permanent address.....

**ACADEMIC and EXCHANGE INFORMATION**

Studies.....

Level of study:  undergraduate / graduate  Semester of study .....

Applied study exchange period  Winter Sem. / Spring Sem.

Courses you would like to take (check our website):

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

Eligible fields of placement:

Children at risk  Migrations  Handicapped adults or children  Elderly people

Language competence:

- Native language.....
- Level of Spanish..... Certification.....
- Level of Catalan.....Certification.....
- Other.....

**DOCUMENTATION**

The following documentation must be attached to this Application Form:

- Passport
- Certification of Spanish Language level (Official certification or certification by the students faculty/university)
- CV and motivation letter (in Spanish)

**CONFIRMATION OF THE STUDENT**

Student's Signature..... Date .....

**CONFIRMATION OF SENDING INSTITUTION**

Coordinator's signature..... Date and stamp .....

**CONFIRMATION OF RECEIVING INSTITUTION**

We hereby acknowledge that the above-mentioned student is:  provisionally accepted at our institution  
 not accepted at our institution

Coordinator's signature..... Date and stamp .....