CESPU COOPERATIVA DE ENSINO SUPERIOR POLITÉCNICO E UNIVERSITÁRIO, CRL.

WE WILL ONLY ACCEPT APPLICATIONS DULY SIGNED BY HOME INSTITUTIONS

DOCUMENTS TO ATTACH:
☐ Learning / Training Agreement
☐ Transcript of Records
☐ Copy of ID or passport
☐ Copy of Health European Insurance Card or Private Insurance Card / Policy
☐ 2 small color photos
☐ Copy of Personal Accidents and Liability Insurance Policy
☐ Copy of VISA (for Non-European students)

PHOTOGRAPHY

I – MOBILITY DATA

ACADEMIC YEAR	/	FIELD OF STUDY	
MOBILITY PERIOD	☐ 1ST SEMESTER ☐ 2ND SEMESTER ☐ FULL YEAR	TYPE OF MOBILITY	☐ STUDIES ☐ PLACEMENT ☐ INTENSIVE PROGRAMME
ARRIVAL DATE		DEPARTURE DATE	
CESPU SCHOOL	☐ IUCS (GANDRA) ☐ ESSVS (GANDRA) ☐ ESSVS (PENAFIEL) ☐ ESSVA (V.N.FAMALICÃO)		

II– PERSONAL DATA

FIRST NAME(S)		LAST NAME(S)	
NATIONALITY		GENDER	☐ FEMALE ☐ MALE
DATE OF BIRTH		PLACE OF BIRTH	
SPECIAL NEEDS	☐ YES ☐ NO	IF YES, INDICATE WHICH	
ID / PASSPORT NUMBER *		VALID UNTIL	
PERMANENT ADRESS			
POSTCODE / CITY		COUNTRY	
EMAIL		PHONE NUMBER	
FATHER'S NAME		MOTHER'S NAME	
PERSON TO CONTACT IN CASE OF EMERGENCY		PHONE NUMBER	

* Non-European students must add a VISA copy.

III– ACADEMIC DATA

DIPLOMA / DEGREE FOR WHICH YOU ARE CURRENTLY STUDYING	
NUMBER OF HIGHER EDUCATION STUDY PRIOR TO DEPARTURE ABROAD	
HAVE YOU ALREADY BEEN STUDYING ABROAD?	
IF YES, WHEN AND AT WHICH INSTITUTION?	
WORK EXPERIENCE RELATED TO CURRENT STUDY, IF RELEVANT	

IV– SENDING INSTITUTION

SENDING INSTITUTION		ERASMUS CODE	
INTERNATIONAL RELATIONS OFFICE ADRESS		POSTCODE / CITY COUNTRY	
EMAIL		PHONE NUMBER	
INSTITUTIONAL COORDINATOR			
EMAIL		PHONE NUMBER	
DEPARTMENT COORDINATOR			
EMAIL		PHONE NUMBER	
ADRESS TO SEND STUDENT'S DOCUMENTATION		POSTCODE / CITY COUNTRY	

V– MOTIVATION

BRIEFLY STATE THE REASONS WHY YOU WISH TO STUDY ABROAD.

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VI – LANGUAGE COMPETENCE – SELF-EVALUATION

MOTHER TONGUE		LANGUAGE OF INSTRUCTION AT HOME INSTITUTION, IF DIFFERENT			

OTHER LANGUAGES	CEFR SCALE (READING, LISTENING, SPEAKING AND WRITING)					
	Basic User		Independent User		Proficient User	
	A1	A2	B1	B2	C1	C2
	Beginner	Elementary	Intermediate	Vantage	Advanced	Mastery
Portuguese	☐	☐	☐	☐	☐	☐
Spanish	☐	☐	☐	☐	☐	☐
English	☐	☐	☐	☐	☐	☐
French	☐	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐	☐

VII – ACCOMODATION

CESPU doesn't have university residences. Students must find accommodation on their own. We can send some links of WebPages to help you out. If you are going to study in IUCS or ESSVS (Academic Campus of Gandra, 25 km from Porto city or to the Nursing School of Penafiel, 35 km from Porto city) or make a period of Hospital Training, we recommend you to look for accommodation in Porto city in order to have more facilities. If you are going to make a period of studies or training at ESSVA (Academic Campus of V. N. Famalicão, 40km from Porto city), it is better to stay in V. N. Famalicão, but you also have daily transports to get there if you want to stay in Porto city. You can also check the Private University Residences: Gandra University Residence: Info and Applications at info@rug.pt | University Residence World SPRU (Campanhã – Porto). Info and Applications Online at: http://www.spru.pt

VIII – INSURANCE

PERSONAL ACCIDENTS AND LIABILITY INSURANCE IS MANDATORY.
If the student's insurance of the Home Institution doesn't cover the academic/training activity during the mobility period in Portugal, students must acquire a private insurance or buy CESPU's insurance (35Euro) right after arriving.

Are you covered by a personal / home institution **accident insurance** during your mobility period at CESPU?   ☐ YES   ☐ NO
If yes, please specify if it covers also:
    - accidents during travels made for study / training purposes: ☐ YES   ☐ NO
    - accidents on the way to classes / training place and back from classes / training place: ☐ YES   ☐ NO

Are you covered by a personal / home institution **liability insurance** (covering damages caused by the student to other people / infrastructures / material at the classes / training place)?   ☐ YES   ☐ NO

If you have accidents and liability insurance, you need to send us a proof of it.

I need to buy CESPU student's insurance.   ☐ YES   ☐ NO

STUDENT' SIGNATURE

I certify that all the information provided in this application is correct and complete. I agree that these data will be stored and processed electronically and transmitted to the universities concerned exclusively for the purpose of my ERASMUS application.

SIGNATURE		DATE	

SENDING INSTITUTION'S SIGNATURE

We confirm the approval of this application and the recognition of the proposed Learning Agreement / Training Agreement.

COORDINATOR		DATE STAMP	

RECEIVING INSTITUTION' SIGNATURE

We hereby acknowledge receipt of this document and the approval of the proposed Learning Agreement / Training Agreement. The student is:
☐ PROVISIONALLY ACCEPTED AT THE INSTITUTION   ☐ NOT ACCEPTED AT THE INSTITUTION

INSTITUTIONAL COORDINATOR		DATE STAMP	