



Instituto Politécnico  
de Castelo Branco

# Student Application Form

**Academic year:** Select

**Photo**

## Student's Personal Data

Surname:

Gender: Select...

Nationality:

E-mail\*:

(\* it is compulsory to complete this field)

Name:

ID/Passport n.:

Date of birth: Insert date

## Home Address

Permanent address:

Postcode:

Country:

Phone\*: +

(\* preferably mobile phone-country code/area code/n.)

City:

## Person to be contacted in case of emergency

Surname:

Address:

Post Code:

Country:

Phone\*: +

E-mail:

(\* country code/area code/n.)

Name:

City:

## Study Data

**Name of the home institution:** Instituto Politécnico de Castelo Branco

Address: Av.ª Pedro Álvares Cabral, nº12

Postcode: 6000-084

City and country: Castelo Branco - Portugal

Erasmus ID code of the institution: P CASTELO01

Field of study:

Cycle of studies: Bachelor (1st cycle)

Activity type: Mobility for Traineeship

Current year of study: Graduate

## Name of the host institution\*:

City and country:

Erasmus ID code of the institution\*\*:

Study period: Autumn semester (mid-September till mid-February)

Provisional date of arrival: Select...

Numbers of months:

(\* Official name of the institution.

(\*\*) if applicable

**Language**

Mother language:

**Foreign languages:**

Language:

Level: Select...

Language:

Level: Select...

Language:

Level: Select...

Referring to the above information and to the attached documents\* I hereby apply for admission to your institution.

Student's Name

Date:

I hereby, as an official representative of my institution, verify the above-mentioned student is officially selected as our candidate to your institution.

International Institutional Coordinator's signature and stamp

Date: Select...

Name of signatory: Conceição Baptista

**\*Documents attached:**

Student Application Form completed and signed;  
Learning Agreement for Studies or for Traineeships;  
ID card/Passport copy and one photo.