

APPLICATION FORM – VISITING STUDENTS

ACADEMIC YEAR:

FIRST TERM (SEPTEMBER – FEBRUARY)

SECOND TERM (FEBRUARY – JULY)

STUDENT PERSONAL INFORMATION

NAME _____ SURNAME _____

ADDRESS _____

POSTCODE _____ TOWN _____

COUNTRY _____

TELEPHONE NUMBER _____ E-MAIL _____

PLACE AND DATE OF BIRTH _____

NATIONALITY _____

STUDENT ACADEMIC INFORMATION

I AM STUDYING

- | | | | |
|--------------------------|-------------|--------------------------|-------------------|
| <input type="checkbox"/> | GRAPHIC | <input type="checkbox"/> | INTERIOR |
| <input type="checkbox"/> | AUDIOVISUAL | <input type="checkbox"/> | PRODUCT |
| <input type="checkbox"/> | FASHION | <input type="checkbox"/> | DESIGN MANAGEMENT |

YEAR OF STUDY _____

HOME INSTITUTION

NAME _____

ERASMUS CODE (IF AVAILABLE)

CITY _____ COUNTRY _____

TELEPHONE NUMBER _____ FAX _____

EMAIL _____

EXCHANGE PROGRAM COORDINATOR

TEL./ FAX

EMAIL

ALL THE COURSES AT ESDI ARE TAUGHT IN SPANISH OR IN CATALAN.
AN INTERMEDIATE LEVEL OF SPANISH IS REQUIRED.

	BASIC	INTERMEDIATE	ADVANCED
LEVEL OF SPANISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL OF CATALAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL OF ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAKE SURE YOU ENCLOSE:

A MOTIVATION LETTER

A SMALL PORTFOLIO: PLEASE WRITE DOWN THE URL _____

A COPY OF YOUR PASSPORT

SIGNATURE OF STUDENT:

Date:

SIGNATURE OF STUDY ABROAD CO-ORDINATOR:

Date:

Please return this form to:

International Coordinator

Marquès de Comillas, 81-83 08202 Sabadell

(Barcelona)

e-mail: interchange@esdi.edu.es