**Application Form for incoming ERASMUS students**



Dublin Road, Dundalk, Ireland

Tel: 00 353 42 9370353

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you applying for | A Semester |  | A Full Academic Year |  | **Photo may be inserted here** |
| **PERSONAL INFORMATION:** |
| Family Name: |  |
| First Name: |  |
| Male: |  | Female: |  |
| E-Mail Address: 1. |  |
| E-Mail Address: 2.  |  |
| Home Address: |  |
| Date of Birth  | **DAY** | **MONTH** |  **YEAR** | Nationality: |  |
|  |  |  |
| Home University: |  |
| Name of Course: |  |
| Name and Email Address of your Learning Agreement Coordinator: |  |
| Transcript of Results: |  | Are being sent |  | Are attached (required before your arrival!) |

Fax: 00 353 42 9370351

Web: w w w . d k i t . i e

E-Mail: erasmus @ d k i t . i e

**PLEASE TYPE THIS FORM**

**Application Deadline: May 15th (Winter Semester), November 15th (Spring Semester)**

**Person to contact in case of emergency:**

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Address: |  |
| E-Mail: |  | Phone: |  |

**MEDICAL INSURANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have International Medical Insurance cover? | Yes |  | No |  |
| Do you have any medical conditions which require special medications? | Yes |  | No |  |
| If you have answered ‘Yes’, please explain in the space below: |
|  |

**ACADEMIC STUDIES**

|  |  |
| --- | --- |
| No. of Semesters completed at your university: |  |
| Which course are you applying for at Dundalk Institute of Technology? |  |
| In which semester?  | Winter (September commencement) |  |
| Summer (January commencement) |  |
| Both |  |

*The Institute fosters a culture of diligence. Regular attendance and attention at all lectures, tutorials, classes and practicals is expected from all students.*

*English is an integral part of the programme for students who select it in their Learning Agreement.*

***Students who complete the final year of a Degree-level programme will receive a Transcript of Records, indicating number of ECTS achieved. The Institute is not authorised to award a Dual Degree.***

***Erasmus students are encouraged to choose modules from within the same programme and year.***

**To be completed by the Dean of Faculty/International Office of your home institution:**

|  |
| --- |
| I certify that the above student has been approved to participate in the ERASMUS Programme: |
| Signed: |  |
| Name: (capital letters) |  |
| Function: |  |
| Place: |  |
| Date: |  |

Institution Stamp/Seal

|  |
| --- |
|  |

**Please include the following documentation with this application:**

***1. Transcript of Records showing examination results obtained to date at your home institution.***

***2. Completed Learning Agreement (See:*** [***www.dkit.ie***](http://www.dkit.ie/) ***for ECTS Course Descriptors for Programmes of Study offered at the Dundalk Institute of Technology).***

***3. Evidence of Health Insurance policy.***

**Original documents to be sent to:** **erasmus@dkit.ie**

**IMPORTANT**

**(Please sign your agreement to the following):**

**I declare that the information I have submitted is true and accurate. I understand that DkIT will treat my information as confidential and will not disclose such information except as permitted by law. DkIT may use my communication details provided to send relevant information to relevant academic stakeholders.**

**My signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**