



Erasmus + Mobility Student Application form

All applications for exchange programmes must be made through the Erasmus+ Coordinator in the sending institution

Last/family name:
First name:

Applying to Receiving Institution

Receiving institution:			
Principal study subject (instrument or subject of thesis) at The Receiving Institution:			
Study cycle during the exchange period	Bachelor (1 st) <input type="checkbox"/>	Master (2 nd) <input type="checkbox"/>	Doctorate (3 rd) <input type="checkbox"/>
Study period according to The Receiving Institution's Academic year:	1 st Semester <input type="checkbox"/>	2 nd Semester <input type="checkbox"/>	Academic Year <input type="checkbox"/> Other Period (i.e.Term) <input type="checkbox"/>

Sending Institution

Name:	IMEP Institut Supérieur de Musique et de Danse	Administrative Unit:	Student's Office
Institutional code: (if applicable)	B NAMUR 13	Erasmus+ Coordinator:	Catherine MILLER
Address:	Rue Juppín 28 5000 Namur	E-mail :	erasmus@imep.be
Country :	Belgium	Phone :	+32 81 73 64 37

Student

Last/family name (s):		First name (s):	
Date and place of birth:		Nationality:	
Sex [M/F]:	M/F	Phone:	
Current address		Permanent address (if different):	
Current address is valid until:	Valid until	Emergency contact:	

E-Mail:

Current Studies (at Sending Institution):

Field of Education ISCED Code:	0215 (Music and performing arts)			
Study programme (relevant for your study stay):	Performance studies			
Principal study subject:				
Study cycle:		Study year:	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/>
Duration of the Study				

Study Period

Period of study		Duration of stay (No. of study months)	Number of e x p e c t e d ECTS credits	Preferred professor(s) at Receiving institution for the main subject (if any)
dd/mm/yy (or month/year)	dd/mm/yy (or month/year)			

**Desired Courses at Receiving Institution
(Preliminary Learning Agreement)**

Course component code (if any)	Course component title (as indicated in the course catalogue) at Receiving Institution	Semester (autumn / spring or term)	Number of ECTS credits to be awarded by Receiving Institution upon successful completion

Total number of ECTS			

Application Package:

1. Recording or Portfolio for Audition

Watch out to see if there are specific requirements on the website of the institution you are applying for.

List of pieces performed on your Recording (music performers) and/or scores indicated in your Portfolio (for composers):



2. Motivation

Please attach your motivation letter

3. Transcript of Records¹

Please attach your Transcript of Records (if requested by Receiving Institution)

4. Curriculum Vitae

Please attach your CV (if requested by Receiving Institution)

Student's Language Skills²

Mother tongue:

Please indicate your language skills other than mother tongue:

1. Language:	Limited A1 <input type="checkbox"/> A2 <input type="checkbox"/>	Moderate B1 <input type="checkbox"/> B2 <input type="checkbox"/>	Fluent C1 <input type="checkbox"/> C2 <input type="checkbox"/>
2. Language:	Limited A1 <input type="checkbox"/> A2 <input type="checkbox"/>	Moderate B1 <input type="checkbox"/> B2 <input type="checkbox"/>	Fluent C1 <input type="checkbox"/> C2 <input type="checkbox"/>
3. Language:	Limited A1 <input type="checkbox"/> A2 <input type="checkbox"/>	Moderate B1 <input type="checkbox"/> B2 <input type="checkbox"/>	Fluent C1 <input type="checkbox"/> C2 <input type="checkbox"/>

I am aware of the obligation to pass the online language test (via OLS) before my studies abroad, and I am interested in improving my language skills if

Previous Studies in Erasmus Programme

Have you already been studying/working abroad as ERASMUS student/trainee?

Yes

No

If "Yes", please indicate:	Receiving Institution:			
	Study cycle	Bachelor (1 st) <input type="checkbox"/>	Master (2 nd) <input type="checkbox"/>	Doctorate (3 rd) <input type="checkbox"/>
	Duration of stay (months)	Duration of stay (months)		

Signatures of Sending Institution

Student:	Name, surname		Date:	Signature date
Professor/Tutor (of the main subject):	Name, surname		Date:	Signature date
Head of Department:	JARDON Guido, Directeur général		Date:	Signature date
Erasmus + Coordinator:	MILLER Catherine		Date:	Signature date

NOTES FOR GUIDANCE

General Information

All enquiries and applications for exchange programmes must be made through the responsible Erasmus Coordinator in your sending/home institution. To facilitate general procedures, please use e-mail until the point of mutual confirmation/signatures.

Application form and deadline

Please complete the form as fully and as clearly as possible. The Coordinator will inform you about the application deadline for your preferred receiving/host institution(s).

Other forms

Some institutions may require extra documentation with your application; you may for example be asked to complete a second application form and/or apply only for your study abroad.

1 Transcript including full details of previous and current higher education study. This has to be issued by the sending institution, not to be mistaken with the final 'transcript of records' which will be issued by the receiving institution at the end of the exchange period.

2 Language competence

You will normally be expected to have some proficiency in the language used for tuition in the receiving institution and you will gain most benefit from your exchange if you have some proficiency in the country's native language.

Language skills: This information is only meant as a preliminary rating to assess the level of language proficiency. The actual level will be determined after the student's Erasmus+ nomination by the first OLS assessment. To facilitate your rating, the given options may be regarded in rough relation to the reference levels of the Common European Framework of Reference for Languages (CEFR – see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>): A1 (limited) – C1/2 (fluent).