

# STUDENT MOBILITY PRACTICES APPLICATION FORM

(Photograph)

**ACADEMIC YEAR 2018/2019 FIELD OF STUDY**: .........................................

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| **SENDING INSTITUTION**  Name and full address: **Real Escuela Superior de Arte Dramático de Madrid (RESAD) Avenida de Nazaret , 2 Madrid 28009**  Contat Person - name, telephone and telefax numbers, e-mail  **Raquel Perallón; Avenida de Nazaret, 2, Madrid 28009; Tel. 915042151 Ext 106; relaciones-internacionales@resad.es**  Institutional coordinator - name, telephone and telefax numbers, e-mail box:  **Soledad Garre, Head of International Relations Office, Avenida de Nazaret, 2, Madrid 28009; Tel. 915042151; Jefatura-internacionales@resad.es** |

**STUDENT’S PERSONAL DATA** *(to be completed by the student applying)*

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| --- | --- |
| Family name: .......................................................  Date of birth: .......................................................  Place of Birth: .....................................................  Current address: ..................................................  ..............................................................................  ..............................................................................  .............................................................................. | First name (s): .................................................................  Sex: ............... Nationality:................................................  I.D......................................................................................  Permanent address (if different): ....................................  ..........................................................................................  ..........................................................................................  ..........................................................................................  E-Mail................................................................................  Tel.: .................................................................................. |

**LIST OF COMPANIES WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

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| --- | --- | --- | --- | --- | --- |
| **Institution** | **Country** | **Period of study**  **from to** | | **Duration of stay (months)** | **N° of expected ECTS credits** |
| **1. ........................................**  **2. ........................................**  **3. ........................................**  **4. …………………………**  **5. …………………………** | **.....................**  **.....................**  **.....................**  **………….....**  **…………….** | **.............**  **.............**  **.............**  **……….**  **……….** | **...........**  **...........**  **...........**  **……..**  **……...** | **...................**  **...................**  **...................**  **…………..**  **…………..** | **........................................**  **........................................**  **.........................................**  **…………………………..**  **…………………………..** |

**LANGUAGE COMPETENCE**

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| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue: ................... Language of instruction at home institution (if different): .................................. | | | | | | |
| Other languages | I am currently studying this language | | I have sufficient knowledge to follow lectures | | I would have sufficient knowledge to follow lectures if I had some extra preparation | |
|  | yes | no | yes | no | yes | no |
| ..........................  ..........................  .......................... | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |