

*Informeeritud nõusolek isikuandmete töötlemiseks. Käesolevat avaldust esitades olen nõus edastama oma isikuandmed Eesti Lennuakadeemiale, eesmärgiga osaleda Erasmus+ programmis ja taotleda selleks Erasmus+ programmi õpirände toetust. Kolmandatele isikutele edastatakse andmed, mis on otseselt vajalikud välispartnerkõrgkooli või -organisatsiooni kandideerimiseks.*

**Eesti Lennuakadeemia  
Erasmus+ mobility programme**



**STUDENT APPLICATION FORM for**

**ACADEMIC YEAR** **2023/2024**

for studies: ☐

for traineeship: ☐

Please choose:

Autumn semester 2023 ☐

Spring semester 2024 ☐

**SENDING INSTITUTION**

**Name, full address and Erasmus code:**

Eesti Lennuakadeemia, Lennu tee 40, Reola küla, 61707 Tartumaa, Estonia, EE TARTU03

**Institutional Erasmus+ coordinator:**

Inna Bentsalo: Tel. +372 5870 5206, E-mail: inna.bentsalo@eava.ee

**STUDENT'S PERSONAL DATA**

|                                                                                    |                                                                                                                                                                |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Family name (s):<br>Date of Birth:<br>Sex:<br>Current address:<br>Tel.:<br>E-mail: | First name (s):<br>Nationality:<br>Permanent address (if different):<br>ID document number:<br>Date of issue of ID-document:<br>Date of expiry of ID-document: |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

**CONTACT PERSON IN CASE OF EMERGENCY**

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| Name of contact person:<br>Address:<br>Postal code and city:<br>Country:<br>(Home) telephone:<br>E-mail:<br>Relation: |
|-----------------------------------------------------------------------------------------------------------------------|

**LIST OF INSTITUTIONS WHERE YOU WOULD LIKE TO STUDY**  
*(in order of preference):*

| Option | Institution | Country | Period of study/placement |    | No of expected ECTS |
|--------|-------------|---------|---------------------------|----|---------------------|
|        |             |         | from                      | to |                     |
| 1      |             |         |                           |    | Min 15              |
| 2      |             |         |                           |    | Min 15              |
| 3      |             |         |                           |    | Min 15              |

Briefly state the reasons why you wish to study/practice abroad?

#### LANGUAGE COMPETENCE

| Mother tongue: Estonian |                                    |                            |
|-------------------------|------------------------------------|----------------------------|
| Language                | Level ( <i>according to CEFR</i> ) | Comments ( <i>if any</i> ) |
|                         |                                    |                            |
|                         |                                    |                            |
|                         |                                    |                            |

#### PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: ***Diploma of Professional Higher Education OR Bachelor of Science in Engineering (BSc)***

Number of higher education study years prior to departure abroad:

Have you already been working abroad?

If Yes, when? At which institution?

*/signed digitally/*

