To the vice rector for academic affairs (in doctoral studies, to the vice rector of research) of the University of Tartu

VISITING STUDENT FROM ESTONIAN UNIVERSITIES APPLICATION

# PERSONAL DATA

|  |  |  |  |
| --- | --- | --- | --- |
| Given name |  | | |
| Surname |  | | |
| Date of birth |  | | |
| Personal identification code |  | | |
| Citizenship |  | | |
| E-mail |  | Phone |  |

HOME INSTITUTION

|  |  |  |  |
| --- | --- | --- | --- |
| Higher education institution |  | | |
| Faculty |  | | |
| Curriculum |  | | |
| Level of study | Bachelor’s studies | Master’s studies | Doctoral studies |
|  | Professional higher education | integrated bachelor’s and master’s studies | |

HOST INSTITUTION

|  |  |  |
| --- | --- | --- |
| Higher education institution | **UNIVERSITY OF TARTU** | |
| Faculty |  | |
| Academic year | 2024/2025 | Autumn semester |
|  |  | Spring semester |

### COURSES TAKEN AS A VISITING STUDENT

|  |  |  |  |
| --- | --- | --- | --- |
| **Course title** | **Course code** | **Teaching staff member** | **ECTS** |
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| --- | --- | --- | --- |
| STUDENT |  |  |  |
|  | *(signature)* |  | *(date)* |

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| --- | --- |
| CONSENT OF THE UNIVERSITY OF TARTU | CONSENT OF THE HOME INSTITUTION IN ESTONIA |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(name and signature of the head of department/institute, date)*    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(name and signature of the vice dean for academic affairs/vice dean for research, date)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(name, signature, position, date)* |

**Information:** UT Study Abroad Centre, Ülikooli 18-134, phone 737 6270