

To study at the CSM 'Óscar Esplá' Alicante

CURS ACADÈMIC / CURSO ACADÉMICO ____ / ____ \ ERASMUS \ OTHER _____

I APPLY FOR THE FOLLOWING SPECIALTY:

- | | | |
|--------------------------------------|--|-----------------|
| <input type="checkbox"/> Performing | \ Bachelor Degree | \ Master Degree |
| <input type="checkbox"/> Pedagogy | Field of study: _____ | |
| <input type="checkbox"/> Composition | Proposed period of study: from _____ to: _____ | |
| <input type="checkbox"/> Musicology | Duration of the stay: _____ | |
| <input type="checkbox"/> Conducting | | |

STUDENT'S PERSONAL DATA

Family name _____ First name _____ Middle name (s) _____
Date of birth ____ Sex: \ Male \ Female Country of birth _____
Citizenship _____

PERMANENT ADDRESS

Street _____ n°: _____ Postal Code: _____
City _____ Country: _____
Telephone number (mobile) _____ e mail address: _____
(With international country code)

TEMPORARY MAILING ADDRESS

Street _____ n°: _____ Postal Code: _____
City _____ Country: _____

SENDING INSTITUTION

Full name of institution in original language: _____
Full name of institution in English: _____
Address of the institution: _____
Coordinator at your home institution: Name: _____
Telephone: _____
Fax number: _____
E mail address: _____

EDUCATIONAL BACKGROUND

Fields of study: _____ Expected degree: _____
Major: _____ Minor (s): _____
Beginning year of studies (towards current degree): _____ Expected year of graduation: _____

LANGUAGE SKILLS

Native language: _____ Language of instruction at your home institution: _____
Proficiency in other languages:
_____ \ Fair \ Good \ Excellent
_____ \ Fair \ Good \ Excellent
_____ \ Fair \ Good \ Excellent

DATE AND SIGNATURES

Referring to the above information and to the attached (e. G. Study certificate, Transcript of Academic Records and Motivation Letter and Recordings or Portfolio), I hereby apply for admission to the CSM 'Óscar Esplá' Alicante.

Student signature

I hereby as an official representative of my institution, verify that the above-mentioned student is officially selected as our candidate to the CSM 'Óscar Esplá' Alicante.

Faculty/Institutional coordinator

- I give permission to publish my name on the internet if I am accepted to study in the CSM 'Óscar Esplá' Alicante. \ Yes \ No
- Do you have any special needs or medical conditions that should be taken into consideration? \ Yes \ No