

To study at the CSM 'Óscar Esplá' Alicante

CURS ACADÈMIC / CURSO ACADÉMICO \_\_\_\_ / \_\_\_\_

ERASMUS  OTHER \_\_\_\_\_

**I APPLY FOR THE FOLLOWING SPECIALTY:**

- Performing  Bachelor Degree  Master Degree  
 Pedagogy Field of study: \_\_\_\_\_  
 Composition Proposed period of study: from \_\_\_\_ to: \_\_\_\_  
 Musicology Duration of the stay: \_\_\_\_\_  
 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 Portafolio), 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