Student Nominated

**REF.NO.**

**IMPORTANT**

All information should be typewritten.

YOU ARE UNDER NO CIRCUNSTANCES ALLOWED TO CONTACT THE COMPANY BEFORE BEING ACCEPTED. YOU ARE ACCEPTED FOR THIS TRAINING OFFER ONLY AFTER RECEIPT OF THE IAESTE ACCEPTANCE FORMS.

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**Personal information**

Family name: Date of birth:

Place of birth:

First and /or other names: Nationality:

Home address: Passport no:

Issued at::

Valid until:

Phone no:

Sex:

Address during terms: Marital status:

Phone no: Are you medically fit: yes no

E-mail:

(if not give details in encl.)

**Study information**

University/College: Knowledge of languages:

(1=excellent, 2=good, 3=fair)

Faculty:

Specialization:

Completed yearsof study: Total years required:

**IMPORTANT**

A LIST OF SUBJECTS STUDIED BY TIME THE TRAINING BEGINS MUST BE ENCLOSED WITH THIS FORM. A LIST OF PREVIOUS PRACTICAL TRAINING UNDERTAKEN BY THE TIME TRAINING BEGINS SHOULD BEENCLOSED. (This should include kind of work, duration, company-name and location.)

**Training period employer**

Desired period of training

(within the period specified by the employer): from: to:

Are you required/do you wish to prepare a technical report during the training period: