

Received: \_\_\_\_\_

**WATERFORD INSTITUTE OF TECHNOLOGY  
ERASMUS APPLICATION FORM 2011-2012**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Tel No: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_

Next of Kin Tel No: \_\_\_\_\_

WIT Course Name: \_\_\_\_\_

Course Year: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Course Leader or Academic Advisor**

**Language Studies at WIT:**

European languages	Sufficient knowledge to follow lessons	Some knowledge but not enough to attend lessons	I am currently studying this language
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you in receipt of a local authority (VEC) grant: Yes  No

Please indicate your University/Institute of preference:

Please indicate your preference regarding duration of stay:

1st Semester  1 academic year  2<sup>nd</sup> Semester

**I will submit a copy of my transcript of results for this academic year to the International in June 2011.**

Application forms, with non-refundable deposit of €50 made payable to WIT, must be returned to the following address by Monday 21<sup>st</sup> February 2011:  
International Office, WIT, Cork Road, Waterford.  
Tel: 051-845506 / Email: [srobinson@wit.ie](mailto:srobinson@wit.ie)