



Escola Superior d'Art Dramàtic de les Illes Balears
Codi de Centre: 07013292 CIF: G57413064
c/ del Morer, 6. 07001 Palma
tel 971 713 628 fax: 971 713 215
mobility@esadib.com www.esadib.com

C. ACADEMIC RECORD

Name of Sending Institution:

Full Address:

Date of initial enrolment at Home University.....

Subjects currently being studied at Home University:

.....

.....

List any other places of higher education previously attended (give name & dates):

.....

.....

D. LANGUAGE SKILLS

Language	Understanding		Speaking		Writing
	Listening	Reading	Spoken interaction	Spoken production	

(*) Common European Framework of Reference for Languages, <http://europass.cedefop.europa.eu>

Please list any internationally recognised Language Skills examinations taken:

.....

.....

E. PROPOSED STUDY PERIOD

Have you ever at the LLP/Erasmus Programme?

If you have answered 'Yes' to the above question, please give name & dates.

.....

.....

Period(s) of study for which you wish to be admitted:

Total number of months of stay months:

List any particular courses which you are required to follow by your Sending Institution in order to receive credit for your study in Hosting Institution:

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List any courses you may wish to follow. Please note that acceptance of your application does not necessarily guarantee acceptance into any particular courses (Please note that acceptance of your application does not guarantee acceptance into any particular):

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F. HEALTH

European Health Insurance Card Number:

Are you suffering from any mental or physical illness which might require treatment during your period of study in Trinity College?

If you have answered 'Yes' to the above question, please forward with your application a statement from your medical practitioner describing your current state of health and certifying that you are fit for student life. Statements will be treated in strictest confidence.

Contact person in case of emergency:

Full name.....

Phone number.....

G. CERTIFICATION

I certify that the information given in this application is complete and accurate to the best of my knowledge. I agree to comply with all the rules and regulations of the university.

Applicant's signature: **Date:**

H. CHECKLIST

- Complete the application form and made two full photocopies.
- Sign Section G.
- Include a Europass Curriculum Vitae (<http://europass.cedefop.europa.eu>).
- Include a brief portfolio.
- Include a copy of Sending Institution transcripts to date.
- Include a copy of fees full payment (or scholarship) of your institutions of year of exchange (*the most important information for us is that you are enrolled at your institution the academic year of the exchange*).
- Include a copy of your passport.
- Include three passport-size photographs, signed on the back.
- Include a copy off your European health Insurance Card.
- Include a Medical Certificate (*if required*).