**Annex 1**

**GIPA - Georgian Institute of Public Affairs**

**Application Form for Students**

**General Information**

|  |  |
| --- | --- |
| Name and Surname |       |
| Date and (date, month, year) and Place of Birth |       |
| Citizenship |       |
| E-mail Address |       |
| Mobile Phone Number |       |
| Gender | □ Female □ Male |
| Residence Address |       |
| City and the Postal Code, Country |       |
| Name and Surname and Telephone of the Contact Person in Case of Emergency |       |

**Home university**

|  |  |
| --- | --- |
| Home University |       |
| School in the Home University |       |
| Study Program (indicate fully) |       |
| Average Score GPA:a) Currentb) Previous Level (bachelor’s level if applicable) |  |
| Ongoing Course in the Moment of Departure(indicate the respective information) | □ I Course (Master)□ II Course (Master)□ I Course (Bachelor)□ II Course (Bachelor)□ III Course (Bachelor)□ IV Course (Bachelor) |
| Address, City, Country |       |
| Telephone Number of the Person Responsible for the Exchange Program |       |
| E-mail Address of the Person Responsible for the Exchange Program |       |

**Foreign Languages**

|  |
| --- |
|  |
| Please indicate the level of knowledge of foreign language: |
| 1. Language: Foreign Language 1
 | Lower than AverageA1 □ A2 □  | AverageB1 □ B2 □  | HighC1 □ C2 □  |
| 1. Language: Foreign Language 2
 | Lower than AverageA1 □ A2 □  | AverageB1 □ B2 □  | HighC1 □ C2 □  |
| 1. Language: Foreign Language 3
 | Lower than AverageA1 □ A2 □  | AverageB1 □ B2 □  | HighC1 □ C2 □  |

**Host university**

|  |  |
| --- | --- |
| Name of Host University |  |
| Main Study Direction in the Host university |  |
| Name of the Study Program/ Programs |  |
| Study Level within the Scope of the Exchange University | □ Bachelor□ Master□ Doctoral |
| Study Period According to the Calendar of the Host university | □ I Semester (Autumn)□ II Semester (Spring)□ Full Academic Year□ Other (please indicate) |
| Address, City, Country |       |
| Telephone Number of the Person Responsible for Exchange Program |       |
| E-mail Address of the Person Responsible for Exchange Program |       |

**Courses Considered by the Exchange Program**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Code (if applicable) | Name of the Course (as it is indicated in the course catalogue of the host university) | Semester (Autumn/ Spring) | Number of credits to be awarded by the Host university (ECTS) |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Number of Credits** |  |

**Date:**

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_