## The Animation Workshop/VIA University College Application form for exchange to the Bachelor programs

Please fill out either A or B section. C and D are mandatory for all.

| <i>A.</i>  |  |  |  |  |
|--|--|--|--|--|
| Application for an FULL SEMES  | STER EXCHANGE at:  |  |  |  |
| Character Animation ☐ Computer Graphic Arts ☐ Graphic Storytelling ☐ |  |  |  |  |
| Type in semester (e.g. 5):   |  |  |  |  |
| В.   |  |  |  |  |
| Application for a SHORT EXCH   | ANGE □   |  |  |  |
| Type in name of module:  | Type in number of expected ECTS credits (European Credit Transfer System): |  |  |  |
| C.   |  |  |  |  |
| Student's Personal Data (to be compl First name:                     | Last name(s):  |  |  |  |
| Date of birth:   | Gender:  |  |  |  |
| Nationality:   | Place of birth:  |  |  |  |
| Current address:   | Permanent Address (if different):  |  |  |  |
| Current address is valid until:                                      |  |  |  |  |
| Telephone:   | E-mail:  |  |  |  |

D.

| Field of study at current univ | versity:                       |                 |        |
|--------------------------------|--------------------------------|-----------------|--------|
| Diploma/degree for which ye    | ou are currently studying:     |                 | Photo  |
| Number of higher education     | study years and/or months prio | r to transfer:  | Trioto |
| Number of earned ECTS cre      | dits prior to transfer:        |                 |        |
| PLEASE ATTACH OFFICIAL E       | CTS CREDIT TRANSCRIPTS TO      | THE APPLICATION |        |
| Current institution:           |                                |                 |        |
| Name and full address (in Er   | nglish)                        |                 |        |
| Institution's contact:         |                                |                 |        |
| Name:                          | Telephone:                     | E-mail:         | //     |