



APPLICATION FORM – VISITING STUDENTS

ACADEMIC YEAR: _____

- FIRST TERM (SEPTEMBER – FEBRUARY)
 SECOND TERM (FEBRUARY – JULY)

Photograph

STUDENT PERSONAL INFORMATION

NAME _____ SURNAME _____

ADDRESS _____

POSTCODE _____ TOWN _____

COUNTRY _____

TELEPHONE NUMBER _____

E-MAIL _____

PLACE AND DATE OF BIRTH _____

NATIONALITY _____

STUDENT ACADEMIC INFORMATION

I AM STUDYING

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> GRAPHIC | <input type="checkbox"/> INTERIOR |
| <input type="checkbox"/> AUDIOVISUAL | <input type="checkbox"/> PRODUCT |
| <input type="checkbox"/> FASHION | <input type="checkbox"/> DESIGN MANAGEMENT |

YEAR OF STUDY _____

HOME INSTITUTION

NAME _____

ERASMUS CODE (F AVAILABLE) _____

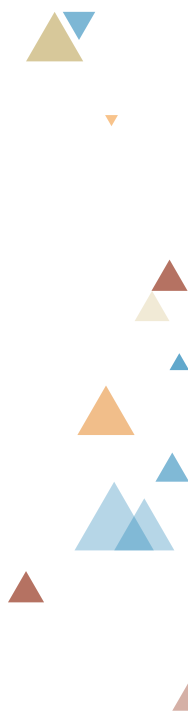
CITY _____ COUNTRY _____

TELEPHONE NUMBER _____ FAX _____

EMAIL _____

EXCHANGE PROGRAM COORDINATOR _____

TEL./ FAX _____ EMAIL _____



ALL THE COURSE AT ESDI ARE TAUGHT IN SPANISH OR IN CATALAN.
AN INTERMEDIATE LEVEL OF SPANISH IS REQUIRED.

	BASIC	INTERMEDIATE	ADVANCED
LEVEL OF SPANISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL OF CATALAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL OF ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAKE SURE YOU ENCLOSE:

A MOTIVATION LETTER

A SMALL PORTFOLIO: PLEASE WRITE DOWN THE URL _____

A COPY OF YOUR PASSPORT

SIGNATURE OF STUDENT:

Date:

SIGNATURE OF STUDY ABROAD CO-ORDINATOR:

Date:

Please return this form to:

International Admissions Department

Marquès de Comillas, 81-83

08202 Sabadell (Barcelona)

e-mail: interchange@esdi.edu.es

Tel: 0034 93 727 4819 ext. 234

Fax: 0034 93 727 4249