



SOCRATES PROGRAMME

Application Form for ERASMUS 1

Diploma Supplement (DS) Label

For the academic years 2005/2006 – 2007/2008 (three years)

Please give the full and accurate reference of your ERASMUS University Charter:

-IC-1-2002-1- -ERASMUS-EUC-1

CLOSING DATE FOR SUBMISSION:

**1 NOVEMBER 2004
(as per postmark)**

Applications bearing a postmark after this date will not be considered.

Applications must be sent by post.

Applications sent by fax or e-mail will not be accepted.

It is strongly recommended that you send your application by means that provide you with proof of dispatch (registered post, express courier, etc.).

Three original copies of the application are to be sent to:

Socrates, Leonardo and Youth Technical Assistance Office
Rue de Trèves / Trierstraat 59-61
B-1040 Brussels

General information

This form is to be used if your institution wishes to apply for a Diploma Supplement (DS) Label for a period of three academic years (2005/2006-2007/2008)

The DS Label application is meant for institutions which issue the Diploma Supplement in a widely spoken European language and free of charge to all students upon graduation in all first and second cycle degree programmes (or for all long one cycle degree programmes in cases where the two cycle system does not yet exists).

Acknowledgement of receipt

Applicants are invited to consult the website of the SOCRATES, LEONARDO & YOUTH Technical Assistance Office to confirm the receipt of their DS Label application. If by 02/12/2003 the application has not been registered on the website, the applicant should contact the SOCRATES, LEONARDO & YOUTH Technical Assistance Office (see page 3).

Application and selection procedure

- The form must be completed in one of the 11 official languages of the European Union.
- The application must be typewritten or word-processed using a computer, character size 11 pt minimum.
- The 3 copies of the application form must bear the original signature of the head of the institution and the original stamp of the institution.
- All the three original copies of the application must be sent in the same envelope.
- The list of selected institutions will be published on: <http://www.socleoyouth.be>
- In accordance with standard Commission practice, the information provided in your application may be used for the purposes of evaluating the SOCRATES programme. The relevant data protection regulations will be respected.

Any questions relating to this proposal should be addressed to the

Socrates, Leonardo & Youth Technical Assistance Office

Rue de Trèves / Trierstraat 59-61

B-1040 Brussels

<http://www.socleoyouth.be>

e-mail: erasmus_applications@socleoyouth.be

Telephone - hotline: + 32 2 233 0244/45

Fax: + 32 2 233 0150

SECTION 1 - IDENTIFICATION

1.1. Languages

Language in which you would like the label to be issued	
1st preference <input type="checkbox"/> DE <input type="checkbox"/> EN <input type="checkbox"/> FR	2nd preference (language in which you would like a translation of the contractual package) <input type="checkbox"/> DA <input type="checkbox"/> DE <input type="checkbox"/> EL <input type="checkbox"/> EN <input type="checkbox"/> ES <input type="checkbox"/> FI <input type="checkbox"/> FR <input type="checkbox"/> IT <input type="checkbox"/> NL <input type="checkbox"/> PO <input type="checkbox"/> SE
Language in which you would like correspondence with the Commission to be conducted	
1st preference <input type="checkbox"/> DE <input type="checkbox"/> EN <input type="checkbox"/> FR	2nd preference <input type="checkbox"/> DA <input type="checkbox"/> DE <input type="checkbox"/> EL <input type="checkbox"/> EN <input type="checkbox"/> ES <input type="checkbox"/> FI <input type="checkbox"/> FR <input type="checkbox"/> IT <input type="checkbox"/> NL <input type="checkbox"/> PO <input type="checkbox"/> SE

1.2. Applying institution

The DS Label can be applied for by an institution which has been granted an ERASMUS University Charter and which issues the Diploma Supplement in a widely spoken European language and free of charge to all students upon graduation in all first and second cycle degree programmes (or for all long one cycle degree programmes if this is the case in the institution).

You should give the ERASMUS ID code for your institution (e.g. B for Belgium and BRUXEL01 in the next space).

1.2.1 Legal Representative

(The same person as specified in the Erasmus University Charter application of your institution or as modified)

Full legal name of the institution in the national language			
Acronym of the institution, if applicable			
Full name of the Institution in English (formal or informal translation)			
Country code		Region code	
ERASMUS ID code (e.g. B BRUXEL01)			
Website	http://		
Legal representative of the institution (head of the institution): Last and first name			
Title (optional) (e.g. Prof., Dr, etc.)		Gender	<input type="checkbox"/> F (female) <input type="checkbox"/> M (male)
Department/unit			
Official function within the institution			
Legal address of the institution Street Post code & town Country			

Phone (including country and area codes)	+ / /
Fax (including country and area codes)	+ / /
E-mail address	@

1.2.2. ERASMUS Institutional Coordinator

(The same person as specified in the Erasmus University Charter application of your institution or as modified)

ERASMUS Institutional Coordinator: Last and first name			
Title (optional) (e.g. Prof., Dr, etc.)		Gender	<input type="checkbox"/> F (female) <input type="checkbox"/> M (male)
Department/unit			
Official function within the institution			
Correspondence address: Street Post code & town Country			
Phone (including country and area codes)	+ / /		
Fax (including country and area codes)	+ / /		
E-mail address	@		

1.2.3 Institutional DS Coordinator (if any)

Institutional DS coordinator: Last and first name			
Title (optional) (e.g. Prof., Dr, etc.)		Gender	<input type="checkbox"/> F (female) <input type="checkbox"/> M (male)
Department/Unit			
Official function within the institution			
Correspondence address: Street Post code & town Country			
Phone (including country and area codes)	+ / /		
Fax (including country and area codes)	+ / /		
E-mail address	@		

SECTION 2 - DOCUMENTS REQUIRED

(Please tick all applicable boxes below.)

Please note that applications that are incomplete and which do not provide all the information requested in the application form together with the copies of the Diploma Supplement as specified in 2.1 below, will not be assessed.

2.1 Examples of Diploma Supplement issued

If it is necessary to satisfy data protection requirements these may be anonymised but must be certified copies of originals

- I enclose four (4) hard copies of completed, signed and certified Diploma Supplements, issued by my institution in 2003 or 2004 to four (4) students after completion of their studies in at least two different first and second cycle programmes (or four long once cycle degree programmes if this is still the case in my institution). The copies will include all the required information.

2.2 Confirmation

I confirm that:

- All eligible students receive a copy of the Diploma Supplement free of charge on graduation
- All students who receive the Diploma Supplement receive an explanation of the purpose of the Diploma Supplement
- The Diploma Supplement is issued in a widely spoken European language
- All copies of the Diploma Supplement enclosed with this application are authentic and are for students who have graduated from this institution

2.3 Public Information on the Diploma Supplement

- I provide one hard copy of public information (extract from study guide, brochure, other) from 2003 or 2004 for my institution explaining that the Diploma Supplement is being issued in a widely spoken European language and free of charge to every student upon graduation.

Web Pages

In addition (if available), I refer to the following web pages of my institution explaining that the Diploma Supplement is being issued in a widely spoken European language and free of charge to every student upon graduation.

http://

http://

SECTION 3 - DECLARATION

To be completed by the person legally authorised to sign on behalf of the institution, as mentioned in Section 1.2.1

“I, the undersigned, certify that the information contained in this application is correct to the best of my knowledge.”

Place: _____ Date / / (day/month/year)

Signature of the Legal Representative
(head of institution)

Stamp of the institution

Name and position in capitals

NAME:

POSITION:

Checklist for the Application

All questions have been answered	<input type="checkbox"/>
The 3 copies bear the original signature of the legal representative	<input type="checkbox"/>
The 3 original copies of the application are being sent to the Socrates, Leonardo & Youth Technical Assistance Office before the closing date	<input type="checkbox"/>
Four (4) examples of Diploma Supplements delivered are enclosed	<input type="checkbox"/>
A copy of public information on the Diploma Supplement is enclosed	<input type="checkbox"/>

Diploma Supplement Checklist

Each Diploma Supplement should start with the following preamble:

“This Diploma Supplement follows the model developed by the European Commission, Council of Europe and UNESCO/CEPES. The purpose of the supplement is to provide sufficient independent data to improve the international “transparency” and fair academic and professional recognition of qualifications (diplomas, degrees, certificates etc.). It is designed to provide a description of the nature, level, context, content and status of the studies that were pursued and successfully completed by the individual named on the original qualification to which this supplement is appended. It should be free from any value-judgements, equivalence statements or suggestions about recognition. Information in all eight sections should be provided. Where information is not provided, an explanation should give the reason why.”

And continue with the following eight sections

1. Information identifying the holder of the qualification

Family name(s):

Given name(s):

Date of birth: (day/month/year)

Student identification number or code: (if available)

2. Information identifying the qualification and its originating institution

Name of the qualification: (in original language)

Name and type of awarding institution:(in original language)

Name and type of institution administering studies: (in original language)

Language(s) of instruction/examination:

3. Information on the level of the qualification

Level of qualification:

Access requirements(s):

Main field(s) of study for the qualification:

4. Information on the contents and results gained

Mode of study:

Normal length of programme:

Programme requirements:

Components, courses, modules or units studied:

(if this information is available on an official transcript this should be used here)

Individual grades obtained:

Grading scheme, grade translation and grade distribution guidance:

Overall classification of the award:(in original language)

5. Information on the function of the qualification

Title conferred by the qualification:(in original language)

Access to further study:

Professional status conferred:

6. Additional information

Additional information:

Further information sources:

7. Certification of the supplement

Date:

Signature:

Capacity:

Official stamp or seal:

8. Information on the national higher education system(s)

General overview of the educational system(s)

Description of the national higher education awards structure(s).