MSc Computational Mechanics

Application Form

Deadlines (receiving date) for applications:

Scholarships: yearly on January 15

Self-funded: yearly on July 15

Please read the "INFORMATION ON THE ADMISSIONS PROCESS" at

http://www.cimne.com/cm-master/ before completing the form.

Please fill it in electronically and upload to the virtual center.

1.	Pe	rse	nn	al	d	a	t.	2

Family name:		Given/First name(s):			
Date of birth [yyyy/mm/dd]		Country of Birth:			
Nationality:		Gender:	Gender:		
Passport number:		Expiration date: [yyyy/mm/dd]			
Country of permanence residence:					
Do you have a crin	ninal conviction?				
Current address:					
Valid until:					
Permanent address (if different from above)	ll				
Cell phone:		Land phone:			
E-mail: Important for fu	ture correspondence				

Do you have any dependants (spouse, civil partner and/or children aged under 18) who will live				
with you in the EU during the MSc?				
If yes, please give their details below:				
Family Name Given Name/s Male/Female Age (of children)				
2. Academic Career and Qualifications				
Candidates must hold (or be expecting) a Bachelor of Science or Engineering, or an appropriate science degree deemed to be a satisfactory standard for the purpose of postgraduate admission and awarded by an institution recognized by one of the members of the consortium.				
Bachelor/first degree				

Name of University or College attended for bachelor/first degree:

Country of University or College

Degree/Qualification Title:

Result (e.g. GPA, class):

Length of programme (years):

Class Rank (if known):

Brief summary of relevant subject(s) studied:

Date degree awarded/expected (month/year):

Name of University or College attended for master's degree or higher (if appropriate):				
Country of University or College				
Degree/Qualification Title:				
Result (e.g. GPA, class):				
Length of programme (years):				
Class Rank (if known):				
Brief summary of relevant subject(s) studied:				
Date degree awarded/expected (month/year):				
language test or 88-89 in TOEFI	age, you are required to obtain at least 6.5 ¹ in the IELTS English L IBT. The requirement of an English Language test may be waived if y ral years (please submit documentation), but it is preferable to include			
Is English your first language?				
IELTS/TOEFL test, please indica	te your score below:			
Overall IELTS/TOEFL score:				
Date of examination: [yyyy/mm/dd]				
Do you speak any other languages to a good level?				
4. Application for Consortium Scholarship to cover participation costs: See www.cimne.com/cm-master/Scholarships for application criteria				
T and hander and in a famou				
I am hereby applying for an Scholarships				

Master's degree or higher (if studied)

¹ Please note: applicants studying at Swansea University will be required to obtain a minimum of 5.5 in each of the 4 component scores (in addition to overall band score of 6.5), in line with UK Border Agency regulations

5. Special needs

Do you have a disability/special needs?	
	If yes, please continue.
I have a specific learning disability (including dyslexia)	I have Autistic Spectrum Disorder or Asperger Syndrome
I am blind or partially sighted	I have a disability that cannot be seen (e.g. diabetes, epilepsy or a heart condition)
I am deaf or hard of hearing	I use a wheelchair or have mobility difficulties
I have mental health difficulties	

If you have a medical complaint or disability that is not listed above, please tell us what this is and the type of support you would require:

6. Preference of study institutions

NOTE: Please note that successful applicants will not be guaranteed their choices, but we will endeavour to place students at their preferred choices. The students scoring the highest marks in the application process will be given priority in the allocations.

Please choose your preferred first hosting institution:	
Please number the institutions as your preference for the second hosting institution:	1. 2. 3. 4.

7. Reference Form

Please nominate a referee who has knowledge of your academic and/or professional ability and is willing to support your application.

Name of Referee:	
Title/Position:	
Relation to you:	
Contact email address:	
Contact telephone number:	

9. Declaration by applicant

Please read the following declaration carefully. If you agree with the declaration, please sign below. Unfortunately we are unable to consider your application if you do not agree with the declaration.

Declaration: "I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the partner Universities reserve the right to cancel my application if it transpires that false information has been provided. I give my consent for the partner universities to use the information I have provided to create my student record."

Date: Signature³:

Thank you for completing the application form.

You must upload to the virtual center this application form along with the documents listed in the check list.

10. Application Checklist

Your completed application form should include:

- 1. A personal statement/letter of motivation
- 2. One academic/professional reference
- 3. English Language Proficiency Certificate (IELTS or TOEFL)
- 4. Copy of Bachelor certificate and academic transcripts (and master's if appropriate).
- 5. Summary CV (maximum of 2 pages)

³ If you do not have a scanned version of your signature, please write your name in the corresponding field.

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Please help us in our effort to increase awareness of the Erasmus Mundus Masters. Please tell us where you learned about the programme:

Please tick (\checkmark) one or more of the options below.

•	Through the internet:	Please state which website:
•	Through my university:	Please state which:
•	Through an independent organisation:	Please state which:
•	Through an article in a newspaper/magazine:	Please state which:
•	Through former Erasmus Mundus students:	
•	Other: Please state throug	h which source:

Data protection

In accordance with Article 5 of the Organic Law 15/1999, of 13th December, on Personal Data Protection, we inform you that the personal information you provide on this registration form will be included in a file held by the International Center for Numerical Methods in Engineering (CIMNE), with registered office at Gran Capità, s/n. Edifici C1, Campus Nord UPC., 08034 Barcelona (Spain).

CIMNE will process the personal data included in this application form exclusively for your registration in the Master's of reference.

Your personal data will be included in the file named MASTERS, duly registered in ACPD. You have the right to access, rectify or cancel the data, or to object to the treatment of this personal information by contacting CIMNE, c / Gran Capitán, s / n. C1 Building, North Campus UPC., 08034 Barcelona or the email address lelia@cimne.upc.edu.

We remind you that in order to process your registration form, candidates will have to provide all the requested information.

We inform you that the personal data you provide us will not be disclosed to third parties. For more information regarding your personal data, visit the website http://www.cimne.com