## 

## ERASMUS STUDENT APPLICATION FORM

**ACADEMIC YEAR 2019/20**

**Deadline KA107: 30th November Spring term**

**PLEASE USE A COMPUTER TO FILL OUT THIS FORM**

|  |  |
| --- | --- |
| Passport or ID Card Number (Compulsory) |  |
| Given Name: (e.g. Mario) |  |
| Family Name: (e.g Rossi) |  |
| Sex: | Male  Female |
| Date of Birth:(e.g. dd-mm-yyyy) |  |
| E-mail: |  |
| Telephone Number: (e.g. +39 178…) |  |
| Address:  Postcode:  City:  Country |  |
| Level of Italian | A1 A2  B1 B2  C1  C2  \* |
| Student with Special Needs | Yes  No  If Yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Intensive training courses in Italian will be offered at the beginning of each semester. Courses will be mandatory for those students not fulfilling the language requirement before starting the semester.

**Academic Information:**

|  |  |
| --- | --- |
| Home University: |  |
| Faculty/ Department |  |
| Contact person at the home institution: |  |
| Tel/e-mail/ fax of the contact person: |  |
| Degree: |  |
| Level: | Bachelor:  Master:  Doctorate: |
| Period of Stay: | From:  To: |
| Study field number:(Ex.04.0Business Administration) |  |
| **Student House** | Yes  No |

|  |
| --- |
| Student’s Signature:  Coordinator’s Signature:  **Stamp** of Home University:  **This application form will NOT be processed without the stamp of the Home University** |