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## ERASMUS STUDENT APPLICATION FORM

**ACADEMIC YEAR 2019/2020**

**Deadline KA107: 31 May Autumn term**

**31th October Spring term**

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

|  |  |
| --- | --- |
| Passport or ID Card Number (Compulsory) |  |
| Given Name: |  |
| Family Name: |  |
| 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 Spqnish | A1 A2  B1 B2  C1  C2  \* |

**Academic Information:**

|  |  |
| --- | --- |
| Home University: | Gabes University |
| Faculty/ Department | Higher Institute of Languages of Gabes |
| Contact person at the home institution: | Anouar DARGUECH |
| Tel/e-mail/ fax of the contact person: | Derguechanouar@yahoo.fr |
| Degree: | Bachelor |
| Level: | 2sd level |
| Period of Stay: | From: September  To: January |
| Study field or Department | Spain language |
| **Student House** | Yes  No |

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