## Image associéelogo-Université



## ERASMUS STUDENT APPLICATION FORM

**ACADEMIC YEAR 2018/2019**

**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 English | A1[ ]  A2 [ ]  B1[ ]  B2 [ ]  C1 [ ]  C2 [ ]  \* |

**Academic Information:**

|  |  |
| --- | --- |
| Home University: |  |
| Faculty/ Department |  |
| Contact person at the home institution: |  |
| Tel/e-mail/ fax of the contact person: |  |
| Degree: |  |
| Level: | Teaching Staff [x]   |
| Period of Stay: | From: To:  |
| Study field or Department  |  |
| **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** |