

ERASMUS+ INCOMING STUDENT

APPLICATION FORM

ACADEMIC YEAR 201__/201__

**Applicant's
photo
(Compulsory)**

Requested field of study: _____

This application should be completed by computer and sent, in a signed scanned version, with the annexes, at the following address: uri@abaq.it

SENDING INSTITUTION

Name _____

Full address _____

Department coordinator's name _____

telephone number _____ e-mail box _____

Institutional coordinator's name _____

telephone number _____ e-mail box _____

STUDENT'S PERSONAL DATA

Family name: _____ First name(s): _____

Date of birth: . _____ Place of Birth: _____

Sex: _____ Nationality: _____

Address : _____

Phone: _____ Mobile: _____

e-mail: _____

HOST INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		from	to		

Briefly state the reasons why you wish to study abroad:

LANGUAGE COMPETENCES

Mother tongue: _____

Language of instruction at home institution (if different): _____

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
FRENCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ITALIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying at your home Institution:

Current year of study at home Institution (1st, 2nd, 3rd, 4th, 5th): _____

Number ECTS you have gained at your home Institution so far: _____

Have you already been studying abroad? Yes No

If yes, when? _____ At which institution? _____

As Erasmus student? Yes No

APPLICATION ATTACHED DOCUMENTS

- Learning agreement proposal (“Before the mobility”)
- Portfolio
- Motivation letter

Student’s signature _____

Date _____

APPROVAL BY SENDING INSTITUTION

The student is authorized to realize an Erasmus stay at the Institute mentioned in the first page.

Erasmus Departmental or Institutional Coordinator’s signature _____

Date _____ Stamp

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application and, on the basis of it and of the enclosed documents, the above-mentioned student is:

- provisionally accepted at our Institution
- not accepted at our Institution

Erasmus Institutional Coordinator’s signature _____

Date _____ Stamp