

ERASMUS+ INCOMING STUDENT

APPLICATION FORM

ACADEMIC YEAR 202__/202__

**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