ERASMUS+ STUDENT MOBILITY OUTGOING STUDENT APPLICATION

FOR ACADEMIC YEAR 2015 / 2016

This application should be completed in clear block capital letters and returned before 12th March – for the winter semester, or summer semester or full academic year – to the International Office, room 158

	SIU	DENT'S F	PERSONA	LDAIA			
Family name:			First name	First name (s):			
Date of birth:							
Place of Birth:			Sex:	Sex: Nationality:			
Current address:			Permaner	Permanent address (if different):			
Tel.:			E-mail:	E-mail:			
Current address is valid until:							
	PREVI	OUS AND	CURREN	T STUD	′		
Grade Point Average (cum	ulative):		Index num	ber:			
Field of study:							
Expected study level during	g exchange::	-11111111	C	Current semester	of study:		
Have you already been stu	idying abroad?	ΥΥ	es	No 🗌			
If Yes, when ? at which institution ? what programme ?							
	LA	NGUAGE	COMPET	ENCE			
Mother tongue:	truction at home	ction at home institution (if different):					
Other languages		y studying this juage	I have sufficien		I would have sufficient knowledge to follow lectures if I had some extra preparation		
	yes	no 	yes	no	yes	no	
		WOULD Y					
Institution (code)		Country	Period	of study	Duration of stay	N° of expected	
		Country	from	to	(months)	ECTS credits	
1							
2							
3							
						1	

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country					
Briefly state the reasons why you	wish to study abroad ?							
Do you wish to apply for a mobility gra	ant to assist towards the additional cos	te of your study period ab	road?					
Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?								
Yes		No						
Name of student:								
Date:	Signature:							
Tutor's recommendation (antional								
Tutor's recommendation (optional)).							
Tutor's name:								