



**ERASMUS STUDENT APPLICATION FORM**  
**ACADEMIC YEAR 2021/221**  
**Deadline KA107: 30<sup>th</sup> June Autumn term**  
**30<sup>th</sup> November Spring term**

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

Passport or ID Card Number (Compulsory)	
Given Name: (e.g. Mario)	
Family Name: (e.g. Rossi)	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:(e.g. dd-mm-yyyy)	
E-mail:	
Telephone Number: (e.g. +39 178...)	
Address: Postcode: City: Country	
Level of English	A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>
Level of Italian	A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>
Student with Special Needs	Yes <input type="checkbox"/> No <input type="checkbox"/>  If Yes, please specify _____ _____

Intensive training courses in Italian will be offered at the beginning of each semester. Courses will be mandatory for those students not fulfilling the language requirement before starting the semester.

**Academic Information:**

Home University:	
Faculty/ Department	
Contact person at the home institution:	
Tel/e-mail/ fax of the contact person:	
Degree:	
Level:	Bachelor: <input type="checkbox"/> Master: <input type="checkbox"/> Doctorate: <input type="checkbox"/>
Period of Stay:	From: To:
Study field number:(Ex.04.0Business Administration)	
<b>Student House</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student's Signature: Coordinator's Signature: <b>Stamp</b> of Home University:  <b>This application form will NOT be processed without the stamp of the Home University</b>
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