**Erasmus+ incoming student application form**

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| **PERSONAL INFORMATION** |
| Family name |  |
| Given name |  |
| Gender |  |
| Date of birth |  |
| Citizenship |  |
| Street address |  |
| Postal code |  |
| City, Country |  |
| e-mail |  |
| telephone |  |
|  |  |
| **HOME INSTITUTION** |
| Official name of Institution |  |
| Faculty/Department |  |
| Erasmus coordinator |  |
| E-mail |  |
|  |  |
| **ACADEMIC INFORMATION** |
| Field of study |  |
| Current year of study |  |
|  |  |
| **EXCHANGE PERIOD** |
|  Which study period are you applying for? |  I semester (fall semester) |
|  II semester (spring semester) |
|  Full year |
|  |  |
| **LANGUAGE SKILLS** |
| Native language: |
| Italian language skills B1 – B2 – C1 - C2 |
| Other language:  |   B1 – B2 – C1 - C2 |
| Other language: |   B1 – B2 – C1 - C2 |
| Number of expected ECTS credits:  |   |

|  |
| --- |
| **EMERGENCY CONTACT** |
| Name  |  |
| e-mail |  |
| telephone |  |
| Relatio to you |  |

Please let us know about any **health problems** or **special assistance** you need:

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Date and signature,

Please attach to this document:

* Transcript of records (list of courses completed and exams taken in the current course of study)
* a copy of Passport or Identity card
* a copy of the European health card (for European students)