### **ERASMUS+ STUDY MOBILITY APPLICATION (KA131)**

**SENDING INSTITUTION**

Name of your university:

Country:

Address:

Erasmus code:

Name and email address of the Erasmus coordinator:

**PERSONAL INFORMATION**

Last name:

First name:

Nationality:

Date of birth: ………/………/…………… Place of birth:

Sex : [ ]  M [ ]  F

Address:

Email:

Phone number:

**ACADEMIC BACKGROUND**

Degree currently pursued:

Field of specialization:

Have you already studied abroad ? [ ]  Yes [ ]  No

If yes:

|  |  |  |
| --- | --- | --- |
| Dates | Country | Degree |
|  |  |  |
|  |  |  |

**LANGUAGE SKILLS**

Mother tongue:

Language of instruction at your home university (if different):

Other languages:

|  |  |  |  |
| --- | --- | --- | --- |
|  | I am currently studying this language | My level allows me to attend classes | I need to improve my skills |
|  | Yes | No | Yes | No | Yes | No |
| French |[ ] [ ] [ ] [ ] [ ] [ ]
| English |[ ] [ ] [ ] [ ] [ ] [ ]

**PURPOSE OF THE MOBILITY**

Attendance of [Master’s modules](https://www.iamm.ciheam.org/en/education/master-programmes/) (please specify below):

|  |  |
| --- | --- |
| Module | Dates |
|  |  |
|  |  |
|  |  |

Other (please specify):

Period: from ……/……./…..…….. to ……/……/…………..

|  |  |  |
| --- | --- | --- |
| I hereby certify that the information provided in this form is accurate.

|  |  |
| --- | --- |
| Date:  | Signature: |

 |

|  |  |  |
| --- | --- | --- |
| **To be completed by the sending institution**We hereby confirm that we have received the application of ……………………………….. *(Last name, first name of the participant)* et approve it.Signatures

|  |  |
| --- | --- |
| Departmental coordinatorstampName: ……………………………………..Date: ………/………./…………………… | Erasmus coordinatorName: ………………………………………Date: ……/………./………………………. |

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**DOCUMENTS TO BE ATTACHED TO THE APPLICATION:**

|  |
| --- |
| [ ]  Passport  |
| [ ]  Student card |
| [ ]  Resume |
| [ ]  Cover letter |
| [ ]  Latest transcript of records |
| [ ]  ID photo |