### **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 coordinator  stamp  Name: ……………………………………..  Date: ………/………./…………………… | Erasmus coordinator  Name: ………………………………………  Date: ……/………./………………………. | |

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

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