## Application form

**Please fill in the following application form with all information and documents required. Any mistake/error, intentional or not, in filling in this form will lead to the rejection of the application and to the immediate exclusion from the project, without any possibility of appeal.**

### **1. Personal details**

#### Applicant's personal details

|  |  |
| --- | --- |
| First/Family name:  |  |
| Student number |  |
| Student Major |  |
| Date of birth (Year-Month-Day) |  |
| Place of birth  |  |
| Gender | ◻ Male ◻ Female |
| Passport No: |  |
| National No: |  |

#### **Contact details**

|  |  |
| --- | --- |
| Telephone |  |
| Primary email |  |
| Alternative email |  |

#### **Additional information**

|  |
| --- |
| I declare I have not resided nor carried out my main activity (studies, work, etc.)for more than a total of 12 months over the past five years in one of the European countries. |

|  |  |
| --- | --- |
| How did you get to know the project? |  |
| Have you applied at the same time to other financial support (Project funded by the European Union or other) | ◻ Yes ◻ No |
| If yes, please specify which financial support. |  |
| Do you have any physical disability? | ◻ Yes ◻ No |
| If yes, please specify which physical disability. |  |

**Please indicate the program/degree you are currently enrolled in.:**

|  |  |
| --- | --- |
| Name of the faculty |  |
| Name of Department |  |
| Major |  |

### **2. Academic background**

|  |  |
| --- | --- |
| Number of Passed Credit Hours |  |
| Number of registered Hours |  |
| Accumulative GPA |  |
| High School Grade |  |

### **3. Recommendation Letters**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Recommended by | Position | Email | Attached Yes/No |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |

**4. Motivation**

**Please state briefly the main reasons why you wish to participate in this project**

(Max 1000 characters)

|  |
| --- |
|  |

**5. Language skills**

|  |  |
| --- | --- |
| Mother tongue |  |
| Other |  |

#### **Other languages**

|  |  |
| --- | --- |
| Language |  |
| Listening |  |
| Reading |  |
| Writing |  |
| Speaking |  |

**6. Mobility Period**

* **5 months (one semester)**

***I declare to have granted permission to have my name published in the website of the project or in any other format, for dissemination purposes of the selection process.***

***I declare, on my honour, that the information supplied by me in this application form is true and correct and that the documents uploaded are true.***

***I declare having knowledge that, as candidate, I will have to supply all documents to support my eligibility for this project. In case I fail to do so my application will be automatically and immediately excluded.***

***Signature: Date:***