



APPLICATION FORM

ERASMUS INCOMING STUDENT

(This application form should be completed **electronically**.)

Academic Year	
Sending Institution <i>(Name)</i>	
Professor Coordinator sending Institution <i>(name and e-mail)</i>	
Field of study	
Host University 1	
Host University 2	

STUDENT'S PERSONAL DATA

Surname	
Name	
Place of birth	
Date of birth <i>(dd/mm/yy)</i>	
Sex	<input type="checkbox"/>
Nationality	
Address	
Country	
Passport or ID card number	
Email	
Tel. <i>(country code and number)</i>	

PERIOD OF STUDY

From <i>(dd/mm/yy)</i>		To <i>(dd/mm/yy)</i>	
DURATION OF STAY <i>(in months)</i>			

Communicative Competence

Mother tongue _____ Spanish _____

Languages	I am studying this language		I can understand lectures in		Level of competence					
	Yes	No	Yes	No	A1	A2	B1	B2	C1	C2
Italian	Yes	No	Yes	No	A1	A2	B1	B2	C1	C2
English	Yes	No	Yes	No	A1	A2	B1	B2	C1	C2
Others.....	Yes	No	Yes	No	A1	A2	B1	B2	C1	C2

Date:

Student's signature

Additional documents to be enclosed:
- Copy of legal ID card or Passport.