

 **ERASMUS +**

 **APPLICATION FORM**

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| **STUDENT PERSONAL DETAILS** |
| Name(s) |  |
| Surname |  |
| Date of birth, age |  |
| Sex |  Male  Female  |
| Mobile |  |
| E-mail address |  |

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| **HOME / SENDING INSTITUTION** |
| Erasmus Coordinator |  |
| Telephone(s) |  |
| E-mail address |  |
| Professor in main field of study: |  |
| E-mail address |  |

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| **EDUCATION & QUALIFICATIONS** |
| Academic level |  Bachelor Master  |
| Year of study |   1st  2nd  3rd   4th |
| Main instrument |  |

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| **LANGUAGE SKILLS** |
| Mother tongue: Please indicate your language skills other than mother tongue:1) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent  Good  Moderate  Limited  None  2) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent  Good  Moderate  Limited  None  3) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent  Good  Moderate  Limited  None  |

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| **COMPUTER SKILLS**  |
| Basic   | Intermediate   | Advanced   |

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| **AUDITION** |
| **Link of a video recording**:  |
| I have included a certified\* recording of my audition repertoire Yes  No List of pieces performed on your recording:      \*Please let the teacher of your main subject sign the recording to certify that the recording is your own performance. |

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| **EMERGENCY CONTACT** |
| PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY:  |
| Name, surname |  |
| Home address |  |
| Telephone(s) |  |
|  E-mail address |  |

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| **ACADEMIC REFERENCES** |
| Name, surname |  |
| Department/programme |  |
| Telephone |  |
| E-mail |  |

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| **I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT** |
| StudentSignature Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please note!**

*Application must**be made through the International Exchange Coordinator in the home institution*