CONSERVATORIO STATALE DI MUSICA
"GAETANO BRAGA"
TERAMO

Blended Intensive Program

ERASMUS +
APPLICATION FORM

STUDENT PERSONAL DETAILS

Name(s)	
Surname	
Date of birth, age	
Sex	☐ Male ☐ Female
Mobile	
E-mail address	

HOME / SENDING INSTITUTION

Erasmus Coordinator	
Telephone(s)	
E-mail address	
Professor in main field of study:	
E-mail address	

EDUCATION & QUALIFICATIONS

Academic level	○ Bachelor ○ Master
Year of study	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
Main instrument	

CONSERVATORIO STATALE DI MUSICA
"GAETANO BRAGA"
TERAMO

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 ☐

COMPUTER SKILLS

Basic ☐	Intermediate ☐	Advanced ☐

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.

EMERGENCY CONTACT

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

CONSERVATORIO STATALE DI MUSICA
"GAETANO BRAGA"
TERAMO

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

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT
Student Signature Date:_____

Please note!
Application must be made through the International Exchange Coordinator in the home institution