

**ERASMUS+ MOBILITY APPLICATION**

**2020/2021** 🞏 STUDIES or 🞏 TRAINEESHIP

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | Name | | Photo |
| **Date of birth** | **Nationality** | |
| **Telephone** | **Email** | |
| **Address:**  **Permanent address** (if different from above): | | |
| **Bank account:** | **Bank / bank code** | |
| **Study year:** | **Study programme** | | |
| **Admission year:** | **Student ID:** | **Average grade:** | |

Self-assessment of foreign language/s in which you plan to study/practice abroad:

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Understand and read** | **Speak** | **Write** |
|  |  |  |  |
|  |  |  |  |

### **Please indicate based on** [European language levels - Self Assessment Grid | Europass](http://europass.cedefop.europa.eu/resources/european-language-levels-cefr)

<http://europass.cedefop.europa.eu/sites/default/files/cefr-en.pdf>

**1. Did you already study or participate in traineeship abroad?**  🞏 Yes 🞏 No

**If you studied or participated in traineeship abroad:**

|  |  |
| --- | --- |
| Higher education institution you studied |  |
| Company/organization you participated in traineeship |  |
| Studies / traineeship period (in months) |  |
| Financial sources: | 🞏 ERASMUS+ programame |
| 🞏 Self-funded | 🞏 Other programmes (please specify) |

**2*.* Please prioritize universities / companies / organizations you would like to study or participate in traineeship under Erasmus+ programme:**

|  |  |  |
| --- | --- | --- |
| Priority | University/company/organization / Country | Study/Traineeship area & Study/Working language |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**3. Planned mobility (studies or traineeship) period:**

|  |  |  |
| --- | --- | --- |
| Dates: | From | To |

**3. If you are not granted Erasmus+ scholarship, would you be willing to study with “zero” grant,** i.e., only having status of Erasmus+ student? (In this case your all expenses are self-funded, but you are still entitled to all the rights of an Erasmus+ student) 🞏 Yes 🞏 No

Name, Last Name: Signature: Date: