

Erasmus+ International Mobility with Partner Countries  
**IFNUL APPLICATION FORM FOR STUDENTS AND STAFF**

ACADEMIC YEAR 2018-2019

— Please complete electronically —

<b>GENERAL INFORMATION</b>					
First Name		Surname		Photo please attach .jpg file below	
E-mail		Gender		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
Date of Birth		Nationality			
Passport No.		Valid Until			
Home Address		Phone Number			
Home University		Host University			
Home Faculty		Host Faculty			
Emergency Contact <i>(name, surname)</i>		Relationship <i>(mother/father etc.)</i>			
E-mail		Phone:			
<b>MOBILITY DETAILS</b>					
Mobility Period <small>envisaged start date</small>		Mobility Period <small>envisaged end date</small>			
Mobility Type	STA <input type="checkbox"/> <small>Staff Mobility for Teaching</small>	STT <input type="checkbox"/> <small>Staff Mobility for Training</small>	SM <input type="checkbox"/> <small>Student Mobility</small>		
<b>LANGUAGE PROFICIENCY</b>				<b>DO NOT Fill In</b>	
English	A1 <input type="checkbox"/> B2 <input type="checkbox"/> A2 <input type="checkbox"/> C1 <input type="checkbox"/> B1 <input type="checkbox"/> C2 <input type="checkbox"/>	Other Languages (Language of Instruction) _____	A1 <input type="checkbox"/> B2 <input type="checkbox"/> A2 <input type="checkbox"/> C1 <input type="checkbox"/> B1 <input type="checkbox"/> C2 <input type="checkbox"/>		
Certificates					
Proficiency Level according to certificate					
Points					
Date of Test Completion					

<b>STUDENTS ONLY (SM)</b>				
Specialty		Number of completed higher education study years		
Average study results <small>(Scale 3.01-5.00, all study years)</small>		Additional Diploma Average Study Results (BA,MA)		
Previous participation in Erasmus+ mobility program		Yes: _____ months	No <input type="checkbox"/>	
Number of Courses to be recognized in IFNUL	Fully: _____			
	Partially: _____			

