

Erasmus+ International Mobility with Partner Countries

**IFNUL APPLICATION FORM FOR STUDENTS AND STAFF**

ACADEMIC YEAR 2019-2020

— Please complete electronically —

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

STUDENTS ONLY (SM) Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>				
Specialty		Number of completed higher education study years		
Average study results (Scale 4.0-5.0, all study years)		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: _____			

<b>STAFF ONLY (ST)</b>			
Category of Staff	<input type="checkbox"/> Academic Staff <input type="checkbox"/> International Office <input type="checkbox"/> Finance <input type="checkbox"/> General Administration <input type="checkbox"/> Other		
Previous participation in Erasmus or Erasmus+ in days	Yes: _____ days <input type="checkbox"/>	No	

**Student (SM)/Staff (ST)**

*This application has been established electronically and therefore is valid without signature.*

*By signing this Application Form, a potential participant in the mobility program confirms the truth of all data. In case of submission of false information about the average score, knowledge of foreign languages etc. the applicant will be deprived of the opportunity to apply for further mobility programs.*

*By typing my name I confirm that all information is correct and true.*

\_\_\_\_\_

Date

Place

Name and Surname of the Applicant

**CHECKLIST**

Application Form  
 CV (Europass format)  
 Passport (Copy of the first page)  
 SM: Proof of Enrollment at Home University      ST: Proof of Staff Status at Home University  
 SM: Transcript of Records  
 SM: Learning Agreement      ST: Mobility Agreement  
 Proof of Language Proficiency (Certificate/Language Assessment Sheet)  
 Letter of Motivation  
 PhD Students: Research Plan  
 PhD Students/Staff: Letter of Support by the Host University  
 SM: Higher Education Certificates with averaged study results (i.e. BA for MA studies; MA for PhD etc.)