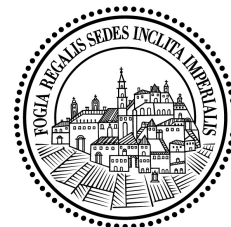


To complete this form:

- Answer all questions on the form
- Use BLOCK LETTERS and check boxes where required



REGIONE PUGLIA



DEADLINES: Full year/Semester 1: 30 July

Semester 2 : 31 December

Università di Foggia

UNIVERSITY OF FOGGIA (I FOGGIA03)

**Incoming Student's Application Form. Academic Year 20 / 20**

Exchange Programme: KA107

☐ Other ☐ : \_\_\_\_\_

#### STUDENT'S PERSONAL DETAILS

Last name/Family name				(Photograph)
First name				
Date of birth (dd/mm/yyyy)		Place of birth		
ID/Passport number		Date of expiry		
Nationality				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>			
Phone number				
Email address				
Permanent address	Street and number			
	Town/City		Postcode/Zip	
	State/Province		Country	
Emergency contact	Last name		First name	
	Relationship			
	Email		Telephone	

#### STUDENT'S ACADEMIC DETAILS

Name of home institution				
City				
Faculty/Department at home institution				
Diploma/Degree for which you are currently studying				
Current year of study				
Exchange coordinator at home institution	Name			
	Address			
	Telephone		Fax	
	Email			

#### STUDY PERIOD DETAILS

Study period	Full year <input type="checkbox"/>	Semester 1 <input type="checkbox"/>	Semester 2 <input type="checkbox"/>	Other <input type="checkbox"/>
	Start date		End date	
Degree/Course you will be studying at the UNIFG				
Level of Study at the UNIFG	Undergraduate <input type="checkbox"/>	Postgraduate (Master's) <input type="checkbox"/>	Postgraduate (Doctoral) <input type="checkbox"/>	

INTERNATIONAL DEPARTMENT  
 UNIVERSITY OF FOGGIA  
 VIA ANTONIO GRAMSCI 89- 91 - 71122 FOGGIA  
 Tel: +39 0881338378/531  
 Website: www.unifg.it  
 Email: erasmus@unifg.it

To complete this form:

- Answer all questions on the form
- Use **BLOCK LETTERS** and check boxes where required



Università di Foggia

## SUPPORT SERVICES

Do you have any disability, impediment or long-term medical condition that may affect your studies?												
No	<input type="checkbox"/>											
Yes	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Other:

## LANGUAGE COMPETENCE

Mother tongue							
Language of instruction at home institution (if different)							
Other Languages	I am currently studying this language	I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation			
1:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>IMPORTANT!</b>	<b>English language certificate</b> might be required (at least <a href="#">LEVEL B1</a> or equivalent certificate)						
	<b>Erasmus coordinators</b> at home universities may authenticate the student's ability in the English language						
Coordinator at home institution	<input type="checkbox"/> I hereby confirm that our student has at least a <a href="#">B1</a> (or equivalent) of English						
	Name of signatory						
	Title of signatory						
	Email of signatory						
	Signature:		Date:		Stamp:		

<b>Student's signature:</b>	<b>Date:</b>
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## SENDING INSTITUTION

We hereby confirm that the above named student has been officially nominated for the mobility programme.	
<i>Name and signature of the coordinator of the programme at the home institution:</i>	
Date and stamp:	

## RECEIVING INSTITUTION

We hereby acknowledge receipt of the application. The above named student is:	
<input type="checkbox"/> Provisionally accepted at our institution	<input type="checkbox"/> Not accepted
<i>Name and signature of the coordinator of the programme at the host institution:</i>	
Date and stamp:	