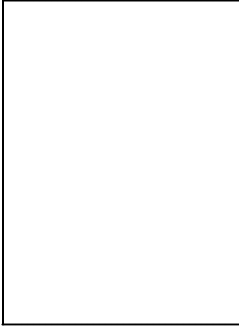


Erasmus+ KA107 International Mobility with Partner Countries  
**IFNUL APPLICATION FORM FOR STUDENTS AND STAFF**

ACADEMIC YEAR 2020-2021

— Please complete electronically —

<b>GENERAL INFORMATION</b>				
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"/> 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> 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.)
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