

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

ACADEMIC YEAR 2021-2022

— Please complete electronically —

GENERAL INFORMATION					
First Name		Surname		Photo	
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:			
MOBILITY DETAILS					
Mobility Period <small>envisaged start date</small>		Mobility Period <small>envisaged end date</small>			
Mobility Type	<input type="checkbox"/> STA <small>Staff Mobility for Teaching</small>	<input type="checkbox"/> STT <small>Staff Mobility for Training</small>	<input type="checkbox"/> SM <small>Student Mobility</small>		
LANGUAGE PROFICIENCY				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					

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 <small>(Scale 4.0-5.0, 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: _____		

