

Erasmus+ International Mobility with Partner Countries

IFNUL APPLICATION FORM FOR STUDENTS AND STAFF

ACADEMIC YEAR 2023-2024

— 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:		
MOBILITY DETAILS				
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
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	
Specialization (if available)			
Previous participation in Erasmus+ mobility program	Yes: _____ months	No <input type="checkbox"/>	

