**STUDENT APPLICATION FORM**

**PHOTO**

**International Mobility KA107**

ACADEMIC YEAR 20 \_ / 20 \_

**STUDENT’S PERSONAL DATA**Last Name: First Name:

Father’s Name: Mother’s Name:

Date of Birth: Sex:

Nationality: Tel number:

Social Security Number: ID/Passport:

Fiscal Number: Fiscal Authority:

Mobile: e-mail:

Home Address:

**SENDING INSTITUTION:**

**Contact person in the International Office :**

Name:
tel.number: e-mail:

**ACADEMIC DATA**Department:
Period of stay: 🞎 WS 🞎 SS

Have you already been an Erasmus student before? 🞎 yes 🞎 no

If Yes, for 🞎 Studies 🞎 Placement

**LANGUAGE COMPETENCE**

**In English:** 🞎 B1 🞎 B2 🞎 C1 🞎 C2 **In Greek:** 🞎 A1 🞎 A2 🞎 B1 🞎 B2

**Other:**

|  |  |  |
| --- | --- | --- |
| Student’s SignatureDate: | Sending InstitutionErasmus+ Coordinator’s signature and stampDate: | Host University Erasmus+ Coordinator’s signature and stampDate: |

*I hereby commit to take out a* ***Health Insurance*** *before the beginning of the planned mobility. In case of traineeship mobility* ***Liability and Personal Accident Insurance are needed too****.

We hereby acknowledge the candidate’s application and the proposed learning agreement.*