****

**WESTERN SERBIA ACADEMY OF APPLIED STUDIES**

**STUDENT APPLICATION FORM**

**ERASMUS+ MOBILITY PROGRAMME**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| NAME AND SURNAME: | Click here to enter text. |
| DATE OF BIRTH: | Click here to enter text. |
| PLACE AND CUNTRY OF BIRTH: | Click here to enter text. |
| CITIZENSHIP: | Click here to enter text. |
| Unique Personal Identification Number: | Click here to enter text. |
| CURRENT ADDRESS: | Choose an item. |
| PERMANENT ADDRESS: | Choose an item. |
| PHONE NUMBER: | Choose an item. |
| E-MAIL ADDRESS: | Choose an item. |
| Are you submitting a proof of unfavourable socio-economic status? | YES: [ ] NO: [ ]  |
| Are you submitting a proof of disability? | YES: [ ] NO: [ ]  |

**ACADEMIC INFORMATION -SENDING INSTITUTION**

|  |  |
| --- | --- |
| DEPARTMENT: | Click here to enter text. |
| STUDY PROGRAMME: | Click here to enter text. |
| CURRENT YEAR OF STUDY: | BACHELOR’S DEGREE: Click here to enter text. MASTER’S DEGREE: Click here to enter text. |
| Have you received an Erasmus+ scholarship before? | YES: [ ] NO: [ ]  |
| If YES, please enter the name of the host institution and your level of studies during the mobility: | NAME: Click here to enter text. LEVEL: Click here to enter text. |

**ACADEMIC INFORMATION – HOST (RECEIVING) INSTITUTION**

|  |  |
| --- | --- |
| NAME OF UNIVERSITY: | Click here to enter text. |
| NAME OF FACULTY/DEPARTMENT: | Click here to enter text. |
| STUDY PROGRAMME: | Click here to enter text. |

**DESIRED COURSES – compatible with courses offered at the home institution**

|  |  |  |
| --- | --- | --- |
| Course Code | Course Title | ECTS credits  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total No. of ECTS credits: | Click here to enter text. |

**STUDENT’S FOREIGN LANGUAGE PROFICIENCY LEVEL**

|  |  |  |  |
| --- | --- | --- | --- |
| ENGLISH LANGUAGE | BEGINNER:A1 [ ]  A2 [ ]  | INTERMEDIATE:B1 [ ]  B2 [ ]  | ADVANCED:C1 [ ]  C2 [ ]  |
| Other language:Click here to enter text. | BEGINNER:A1 [ ]  A2 [ ]  | INTERMEDIATE:B1 [ ]  B2 [ ]  | ADVANCED:C1 [ ]  C2 [ ]  |

[ ]  I hereby state that my study period abroad within Erasmus+ shall not be financed by other sources originating from the EU funds.

[ ]  I hereby confirm that the documents submitted in the application are true and correct and that the data they provide can be used by the persons authorised to check, process, keep and use them for the purposes of participation in the Erasmus+ Call and Erasmus+ mobility.

Date and place:

Click here to enter text.