**APPLICATION FORM**

FOR THE AWARD OF 3 SCHOLARSHIPS FOR EXTRA EU UNDER THE BILATERAL UNIVERSITY COPERATION AGREEMENT WITH THE FLORIDA GULF COAST UNIVERSITY A.Y. 2025/2026

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | **UNIVERSITY DETAILS** | | |
|  |  | STUDENT REGISTRATION No. |  | |
| SURNAME |  | SINGLE-CYCLE  THREE-YEARS BACHELOR'S DEGREE  MASTERS' DEGREE | | |
| NAME |  |  | | |
| SEX | **F  M** | DEPARTIMENT | |  |
| NATIONALITY |  |  | |  |
| BORN ON |  | DEGREE COURSE | |  |
| TOWN |  |  | |  |
| PROVINCE |  | ENROLLED  IN ACADEMIC YEAR \_\_\_\_\_\_\_  IN \_\_\_\_\_\_ YEAR | | **within**  **beyond**  **the specified time limit** |
| ZIP |  | SCHOOL-LEAVING  FINAL MARK | | \_\_\_\_/60 \_\_\_/100 |
| TAX CODE NUMBER |  | DEGREE MARK | | \_\_\_/110 |
| **PERMANENT ADDRESS** | | I HAVE ALREADY BENEFITED FROM THE ABOVE  FINANCIAL SUPPORT | | |
| STREET |  | YES 🞎 | NO 🞎 | |
| TOWN |  |  |  | |
| PROVINCE |  |  |  | |
| ZIP |  | TELEPHONE NO. |  | |
| **TEMPORARY ADDRESS** | | MOBILE PHONE NO. |  | |
| STREET |  | E-MAIL ADDRESS | **@** | |
| TOWN |  | SKYPE |  | |
| PROVINCE |  | ZIP |  | |

|  |  |  |
| --- | --- | --- |
| **Declares a commitment to mobility for the duration of the second semester of courses at the partner location**  **YES 🞎 NO 🞎**  **Declares a commitment to acquire at least 25 CFUs YES 🞎 NO 🞎**  **Declares that he/she undertakes to recognise the CFUs resulting from this mobility as activities forming part of his/her study plan and not as "excess" credits YES 🞎 NO 🞎**  **Declares that he/she is enrolled within the normal duration of the course of study increased by one year (no more than one academic year out of the academic year of reference, as specified in art. 5)**  **YES 🞎 NO 🞎**  **Declares that he/she is not benefiting for the same mobility from a grant of any kind from other mobility programmes YES 🞎 NO 🞎**  **Declares that he/she has a knowledge of the \_\_\_\_\_\_\_\_\_\_\_\_\_ language of level \_\_\_\_\_\_\_ (please attach the relevant certificate if available).**  **Declares that the weighted average of the examinations taken up to the deadline is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  **As stated in art. 3 of the call for applications, under penalty of exclusion, the following must be compulsorily indicated in the application: a) personal details, b) registration number, c) tax code, d) e-mail address.**  **The following must also be attached: a) declaration of commitment to complete enrolment for the academic year 2024/2025, b) self-certification of examinations taken and marks obtained, c) proposal for a learning agreement, d) any certificates of previous mobility abroad and/or certificates of language knowledge, e) motivational letter, f) curriculum vitae (in Italian or English).**  **The undersigned is aware of the penal consequences set out in art. 76 of D.P.R. no. 445/2000 in the event of falsity in deeds or declarations.**  **I authorise the processing and communication of my personal data pursuant to Legislative Decree 196/03. The data will be processed for the purposes envisaged in the notice.**   |  |  | | --- | --- | | Date……………….. | Signature…………………………………… | |