**APPLICATION FORM**

FOR THE AWARD OF 2 EXTRA EU MOBILITY SCHOLARSHIP UNDER THE BILATERAL UNIVERSITY COOPERATION AGREEMENT WITH THE UNIVERSITY OF DALHOUSIE (CANADA), AA 2025-2026, FIRST SEM.

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| **PERSONAL DETAILS** | **UNIVERSITY DETAILS** |
|  |  | STUDENT REGISTRATION No. |  |
| SURNAME |  | [ ]  SINGLE CYCLE**[ ]** BACHELOR'S DEGREE **[ ]** MASTERS' DEGREE |
| FIRST NAME |  |  |
| SEX | **[ ]  F [ ]  M** | DEPARTMENT |  |
| NATIONALITY |  |  |  |
| DATE OF BIRTH |  | DEGREE COURSE |  |
| TOWN |  |  |  |
| PROVINCE (ONLY FOR ITALY) |  | ENROLLEDFOR THE ACADEMIC YEAR \_\_\_\_\_\_\_IN \_\_\_\_\_\_ (YEAR) | **[ ]  within****[ ]  beyond****the specified time limit** |
| ZIP CODE |  | SECONDARY/HIGH SCHOOL FINAL GRADE | \_\_\_\_/60 \_\_\_/100 |
| TAX ID CODE |  | UNIVERSITY DEGREE GRADE | \_\_\_/110 |
| **PERMANENT ADDRESS** | I HAVE ALREADY BENEFITED FROM THE ABOVEFINANCIAL SUPPORT |
| STREET |  | YES 🞎 | NO 🞎 |
| TOWN |  |  |  |
| PROVINCE (ONLY FOR ITALY) |  |  |  |
| ZIP CODE |  | TELEPHONE NO. |  |
| **TEMPORARY ADDRESS** | MOBILE PHONE NO. |  |
| STREET |  | E-MAIL ADDRESS | **@** |
| TOWN |  | SKYPE |  |
| PROVINCE (ONLY FOR ITALY) |  | ZIP |  |

**Declares that he/she is committed to mobility of a minimum duration of 4 months YES 🞎 NO 🞎**

**Declares a commitment to acquire at least 20 CFUs YES 🞎 NO 🞎**

**Declares that he/she undertakes to recognize the CFUs resulting from this mobility as 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 degree course increased by one year (no more than one academic year after 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 English language at level \_\_\_\_\_\_\_\_\_\_ (please attach the corresponding certificate if available).**

**Declares that the grade point average of the exams up to the deadline is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**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 …………………………………… |

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