**APPLICATION FORM**

FOR THE AWARD OF NO. 2 GRANTS FOR EXTRA EU MOBILITY WITHIN THE JOINT UNIVERSITY COOPERATION AGREEMENT WITH UNIVERSITY OF SURABAYA, INDONESIA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 semester (6 months) of courses at the partner location**  **YES 🞎 NO 🞎**  **Declares a commitment to acquire at least 30 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)**  **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 of level B2 (please attach the relevant certificate if available).**  **Declares that the weighted average of the examinations taken up to the deadline is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  **Please add all the documentation that the student is asked to submit during the application phase (as specified in art. 3 of the notice).**  **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…………………………………… | |