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| **APPLICATION FORM**  FOR THE AWARD OF NO. 3 GRANTS FOR EXTRA EU MOBILITY WITHIN THE JOINT UNIVERSITY COOPERATION AGREEMENT WITH UNIVERSITY OF FLORIDA GULF COAST UNIVERSITY, A.Y. 2024-2025   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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 |  | | |

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| **Declares a commitment to mobility for the duration of the 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)**  **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  **Declares a preference for mobility: 🞎 1st semester 🞎 2nd semester 🞎 indifferent.**  **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) a declaration of commitment to complete enrolment for the academic year 2024/2025, b) self-certification of examinations taken and grades obtained, c) proposed learning agreement, d) any certificates of previous mobility abroad and/or certificates of language knowledge, e) any motivational letter, f) curriculum vitae (in Italian or English).**   |  |  | | --- | --- | | **I, the undersigned, declare I am aware that providing misleading or false information is a criminal offence under Article 76 of Decree of the President of the Republic No. 445/2000.** | | | I authorize the University of Macerata to process and transfer my personal data in line with legislative Decree No. 196/03 and subsequent amendments and additions. Data shall be processed for the purpose of the herein public call. | | | Date……………….. | Signature…………………………………… | |