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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

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| --- | --- |
| **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 |  | ENROLLEDIN ACADEMIC YEAR \_\_\_\_\_\_\_IN \_\_\_\_\_\_ YEAR | **[ ]  within****[ ]  beyond****the specified time limit** |
| ZIP |  | SCHOOL-LEAVINGFINAL MARK | \_\_\_\_/60 \_\_\_/100 |
| TAX CODE NUMBER |  | DEGREE MARK | \_\_\_/110 |
| **PERMANENT ADDRESS** | I HAVE ALREADY BENEFITED FROM THE ABOVEFINANCIAL 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).**

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| **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…………………………………… |

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