**Application template - Attachment 2**

**APPLICATION FORM**

FOR THE AWARD OF NO. 4 SCHOLARSHIPS FOR EXTRA EU UNDER THE BILATERAL UNIVERSITY COPERATION AGREEMENT WITH THE UNIVERSITY OF NEW ENGLAND - ARMIDALE (AUSTRALIA)

|  |  |
| --- | --- |
| **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 |  |

**Declares that he/she will undertake a mobility of at least 3 months at the UNIVERSITY OF NEW ENGLAND - ARMIDALE (AUSTRALIA) YES 🞎 NO 🞎**

**Declares that he/she undertakes to acquire at least 18 CFUs YES 🞎 NO 🞎**

**Declares that he/she undertakes to recognize the CFUs resulting from this mobility as an activity 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 course with respect to 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 required by art. 3 of the call for applications, please find attached:**

**a) self-certification, to be provided by the student, certifying enrolment for the academic year 2024/2025 and regularity with payment of university fees, or declaration of commitment to complete enrolment for the academic year 2024/2025, with an indication of the exams taken, the grades and credits obtained, the respective dates, and a copy-print of the online booklet, b) any evidence of previous mobility abroad, c) evidence of knowledge of ENGLISH (document showing ENGLISH as the first foreign language studied - also documentation of school leaving certificate) d) *curriculum vitae* (in Italian) e) dated and signed personal statement of actual availability for departure on the basis of the timetable and procedures established by the partner institution.**

**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 …………………………………… |