**Application template - Attachment 2**

**APPLICATION FORM**

FOR THE AWARD OF 1 EXTRA EU MOBILITY SCHOLARSHIP UNDER THE BILATERAL UNIVERSITY COPERATION AGREEMENT WITH THE UNIVERSITY OF DALHOUSIE (CANADA), AA 2024-25 I SEM.

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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 |  |

**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 CFU 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 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 of level \_\_\_\_\_\_\_\_\_\_ (please attach the relevant certificate if available).**

**Declares that the weighted average of the examinations taken 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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