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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, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.****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) fiscal 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) motivational letter, f) curriculum vitae (in Italian or English).**

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| **I, the undersigned, declare that 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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