

APPLICATION FORM FOR ERASMUS, EXCHANGE AND VISITING STUDENTS

Application deadlines: Winter semester 1-30 April, Spring semester 1-30 October

*Along with this application please submit a CV and the transcript of records.

Complete applications must be sent to: international@umib.net

1. YOUR PERSONAL DATA

Surname/Family name		Title: Mr/Mrs/Miss/Ms (<i>please circle</i>)	
First and other names			
Date of birth (DD-MM-YY)		Male/Female (<i>please circle</i>)	
Country of nationality.....		Country of birth	
Address/es: please write your address clearly and in the format in which it should appear on an envelope:			
Permanent address.....		Correspondence	From: ___ / ___ / ___
.....		address (if different)	date
.....			Until: ___ / ___ / ___
.....			date
Telephone.....		Telephone.....	
Fax		Fax.....	
E-mail.....		E-mail.....	

2. TYPE OF STUDENT AND PERIOD OF STUDY

<input type="checkbox"/> Erasmus or <input type="checkbox"/> other Exchange student		
Only tick one of these boxes if you have been nominated to participate in an existing exchange.		
<input type="checkbox"/> Visiting student		
Academic Year..... (state the academic year you wish to attend, e.g. 2020/2021)		
<input type="checkbox"/> Full academic year	Semester 1	<input type="checkbox"/> Semester 2
<input type="checkbox"/> Research project with the following dates.....		

3. YOUR CURRENT STUDIES

Please give details of your studies at your home institution and enclose a transcript showing the subjects you have taken and the results you have obtained so far.

Dates of Attendance	Institution	Main course of study (Major)

What qualification will you obtain at the end of your studies and in which year will that be?

.....

4. Motivation to participate in an exchange program: YOUR REASONS FOR WISHING TO STUDY ABROAD

5. ENGLISH LANGUAGE COMPETENCE

All courses are taught in English and all non-native speakers are required to show that they have an appropriate level of spoken and written English for full academic and social participation. Usually this means a level of B2.

Mother tongue:

Language of instruction at home institution:

B2 test or equivalent taken at (institution):

Results in any other test:

.....

Please enclose copies of these results/certificates with your application.

6. YOUR PROPOSED STUDY PROGRAMME

Institution where the mobility will take place: _____

Course code	Course title	Semester	Number of credits

7. YOUR DECLARATION

The statements on this form are to the best of my knowledge and belief correct. I understand that any offer of a place as an Erasmus, other Exchange or Visiting Student that I may receive from the University will be based upon the information given in this form, and that if I am found to have given false information, the offer may be withdrawn. I understand that the information supplied on this form will be retained by the University and will be used for the purpose of processing my application. In the event that my application is successful I understand that the information will form part of my student record.

Signed..... Date