



ERASMUS+ STUDENT MOBILITY

APPLICATION FORM

ACADEMIC YEAR 202../202..

FIELD OF STUDY (ISCED code):

HOME INSTITUTION

ERASMUS CODE:

Name and full address:

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Institutional/Departmental coordinator of the programme:

.....

Phone: email:

Coordinator Erasmus

Home University

.....

.....

(APPLICATION NOT ACCEPTED IF MISSING)

STUDENT'S PERSONAL DATASurname: First name(s): Gender: ☐ F; ☐ M

Date of birth: Place of birth: Nationality:

Home address City Country

Mobile phone.: email:

Emergency Contacts (please specify name, relationship, contact number/e-mail)

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CURRENT STUDIES (at home university)

(Please specify the degree course)

Host University	Study Period	Duration of stay (months)	expected ECTS credits
SSML "Gonzaga" (MN)	From _____ to _____

Language of teaching at home institution (only if different from mother tongue)

Personal Information and Privacy Protection

Pursuant to the Article 13 of the Regulation (EU) 2016/679 GDPR - General Data Protection Regulation - to the Italian Legislation no. 196 dated 30/06/2003, and to the "Information for the processing of users personal data as prospective students, students, undergraduates, graduates, scholarship holders of the **University SSML Gonzaga**, I hereby authorize the **University SSML Gonzaga** to use and process my personal data for the relevant Erasmus mobility procedures in compliance with the current legislation and with its institutional aims.

YES ☐ NO ☐

Date _____

Student's Signature _____

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application

Erasmus Coordinator

Signature: Date: