

**Allegato C**



**STUDENT APPLICATION FORM/ ERASMUS ECTS**

**ACADEMIC YEAR: 2013/2014**

**FIELD OF STUDY:** \_\_\_\_\_

photograph

This application should be completed in BLACK and Block letters in order to easily copied and/or telefaxed.

**SENDING ISTITUTION:**

**Conservatorio di Musica "U. Giordano"- P.zza Nigri 13, 71121- Foggia**

**Tel: +39 0881 723668 - fax: +39 0881 774687 e-mail:**

**conservatorioumbertogiordano@gmail.com**

**Erasmus ID Code: I Foggia 02**

.....  
Departmental coordinator- name, telephone and fax numbers, e-mail:

**Prof. Francesco Di Lernia** – tel :+ 39 0881 723668 , Fax: +39 0881 774687

Institutional coordinator- name, telephone and fax numbers, e-mail:

**STUDENT'S PERSONAL DATA**

(to be completed by the student applying)

<b>Family name:</b> .....	<b>First name(s):</b> .....
<b>Date of birth:</b> .....	<b>Place of birth:</b> .....
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Nationality:</b> .....
<b>Current address:</b> .....	<b>Permanent address (if different):</b> .....
.....	.....
.....	.....
<b>Current address is valid until:</b> .....	.....
<b>Tel.:+</b> .....	<b>Tel.:+</b> .....
<b>Fax: +</b> .....	<b>Fax: +</b> .....
<b>E-mail:</b> .....	<b>E-mail:</b> .....

**LIST OF INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

Institution	Country	Period of study from to		Duration of stay (months)	No. of expected ECTS credits
1.....	.....	.....	.....	.....	.....
2.....	.....	.....	.....	.....	.....
3.....	.....	.....	.....	.....	.....

Name of student: :.....

Sending institution: **Conservatorio di Musica "U. Giordano"** - Country: **Foggia- Italy**

Briefly state the reasons why you wish to study abroad: .....

## LANGUAGE COMPETENCE

**Note: A proof of knowledge of the receiving institution's language of instruction should be submitted**

Mother tongue:.....Language of instruction at home institution (if different):.....

Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	YES	NO	YES	NO
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Work experience/ position	Firm / organization	Dates	Country
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

## PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:.....

Number of higher education study years prior to departure abroad:.....

Have you already been studying abroad? Yes ☐ No ☐

If Yes, when? At which institution?.....

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.

Student's Signature: ..... Date: .....

## RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above- mentioned student is ☐ provisionally accepted at our institution

☐ not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

Date\_\_\_\_\_

Date\_\_\_\_\_