### **Allegato B logo_ue.jpg Erasmus+ AEC Logo new.tiff**

**STUDENT APPLICATION FORM**

ERASMUS+ (Tirocinio) TRAINEESHIPS

**ACADEMIC YEAR: 2015/2016**

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

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

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| **SENDING ISTITUTION:**  **Conservatorio di Musica “Umberto Giordano”- Piazza Nigri 13, 71121 Foggia, Italy**  **Tel: +39 0881 723668; Fax: +39 0881 774687**  **e-mail: conservatorioumbertogiordano@gmail.com** | |
| **Erasmus ID Code: I FOGGIA02**  **……………………………………………………………………………………………………………….**  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: relazioninternazionali@conservatoriofoggia.it | |
| **STUDENT’S PERSONAL DATA**  **(to be completed by the student applying)** | |
| **Family name**:  **Date of birth**:  **Sex**: 🞏 Male 🞏 Female  **Current address**:      **Current address is valid until**:  **Tel.:+**  **Fax: +**  **E-mail**: | **First name**(s):  **Place of birth**:  **Nationality**:  **Permanent address** (if different):        **Tel.**:+  **Fax:** +  **E-mail**: |

**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. |  |  |  |  |  |

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| Name of student: :……………………………………………………………………….. |
| Sending institution: **Conservatorio di Musica “Umberto 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

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| --- | --- | --- | --- | --- |
| 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** |
| **□**  **□**  **□** | **□**  **□**  **□** | **□**  **□**  **□** | **□**  **□**  **□** |

**WORK ESPERIENCE RELATED TO CURRENT STUDY (if relevant)**

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| --- | --- | --- | --- |
| **Work experience/ position** | **Firm / organization** | **Dates** | **Country** |
|  |  |  |  |

**PREVIOUS AND CURRENT STUDY**

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| **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.** |

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| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |