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**STUDENT APPLICATION FORM**

ERASMUS+ (Tirocinio) TRAINEESHIPS

**ACADEMIC YEAR: 2016/2017**

**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 774687Institutional 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |