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

Attach your

photo

### **STUDENT APPLICATION FORM/ ERASMUS ECTS**

**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.

|  |  |
| --- | --- |
| **SENDING ISTITUTION:**  **Conservatorio di Musica “Umberto Giordano”- Piazza Nigri 13 I-71121 Foggia**  **Tel: +39 0881 723668; Fax: +39 0881 774687; e-mail:** [**conservatorioumbertogiordano@gmail.com**](mailto: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; relazioninternazionali@conservatoriofoggia.it  Institutional coordinator- name, telephone and fax numbers, e-mail | |
| **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** | | **Duration of stay**  **(months)** | **No.**  **of expected ECTS**  **credits** |
| **From** | **To** |
| 1.  2.  3. | ........................  ………………  …………….. | ………  ………  ………. | ………..  ………..  ……….. | ………………  ………………  ……………… | ……….  ……….  ……….. |

|  |
| --- |
| 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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)**

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