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 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.

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| **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****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 🞏 FemaleCurrent 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.  | ........................…………………………….. | ……………………….  | ………..………..………..   | ……………………………………………… | ……….……….……….. |

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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)**

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