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**STUDENT APPLICATION FORM**

ERASMUS+ TRAINEESHIPS

**ACADEMIC YEAR: 2017/2018**

**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**  **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/ ENTERPRICE WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

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