UNIVERSITÀ DEGLI STUDI DEL MOLISE

STUDENT APPLICATION FORM

LIFELONG LEARNING PROGRAMME/ERASMUS *PLACEMENT*

ACADEMIC YEAR 20___/20___	*Attach your photo*
(Please write in capital letters)	
Field of Study	
SENDING INSTITUTION DATA	
Name and full address	
Departmental coordinator	*Name*
	Address
	Telephone
	Fax
	e-mail

Please, return to:
Università degli Studi del Molise – Settore Relazioni Internazionali
Via De Sanctis s/n
86100 Campobasso (ITALY)
Fax: +39 0874 404258 E-mail: relazint@unimol.it; mdipaolo@unimol.it

Institutional Coordinator	*Name*
	Address
	Telephone
	Fax
	e-mail
STUDENT'S DATA	
Family name(s)	
First name	
Nationality	
Date of birth	
Sex	F ☐ M ☐
Current address	
Permanent address (if different)	
Telephone	
Fax	
E-mail	
Number of passport/identity card (**please, attach a copy**)	

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Language competence			
Mother tongue			
Language of instruction at home University			
Other languages	(Language)	*Currently studying this language (yes/no)*	Level of proficiency (*beginners, intermediate, advanced*)
Previous and current study			
Diploma/degree for which you are currently studying ***(attach transcript of records)***			
Number of higher education study years prior to departure abroad			
Have you already studied abroad? (*yes/no*)			
If *yes*, where (name of Institution) and when?			
Period of placement at University of Molise			
From _____	To _____		
Required structure (tick one)			
International Relations Office	☐		
Library	☐		
Labs (specify)	☐		
Other (specify)	☐		
ATTACH YOUR CV AND COVER LETTER			
Student's Signature			

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Date	
Departmental Coordinator Signature and Stamp (Home University) ***Date***	
RESERVED TO RECEIVING INSTITUTION	
We hereby acknowledge receipt of the Application and proposed Training Agreement.	
The student is	☐ ACCEPTED
	☐ NOT ACCEPTED
Signature of the Responsible for the Placement	***Stamp***
Date	

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