



APPLICATION FORM FOR INCOMING STUDENT

ACADEMIC YEAR: 20__/20__

STUDENT MOBILITY ON INTERNAZIONALE COOPERATION AGREEMENT

Please attach a
recent passport
photograph

Please use black ink and block capitals

SENDING INSTITUTION:

Name of the Institution _____

Country _____

Institutional Mobility Coordinator: _____

Address: _____

Tel: _____ E-mail _____

Departmental Mobility Coordinator _____

Address: _____

Tel: _____ E-mail _____

STUDENT PERSONAL DATA (as in ID/Passport):

Surname _____ Name _____

Place of birth _____ Nationality _____

Date of birth __dd/mm/yyyy_ Sex M F

Permanent address _____

Current address(if different) _____

Tel _____ E-mail _____

Disability: YES NO

If YES, please specify below if you have any disability and say how it might affect your studies:

CONTACT INFORMATION IN CASE OF EMERGENCY (COMPULSORY):

Surname _____ Name _____

Degree of kinship _____

Address _____ Tel _____

Mobile _____ E-mail _____

DETAILS OF YOUR STAY:

Field of study _____

Duration of stay full academic year 1st semester 2nd semester

Expected date of arrival in Messina _____ dd/mm/yyyy _____

Expected date of departure from Messina _____ dd/mm/yyyy _____

EDUCATION:

Diploma/Degree/PhD you are studying for _____

Years of higher education study prior to this experience _____

Have you already been studying abroad? YES NO

If yes, please specify:

Name of institution _____ date _____

LANGUAGE SKILLS:

Mother tongue _____

Language of instruction at home Institution (if different) _____

Italian language knowledge:

None Beginner (A1-A2) Intermediate (B1-B2) Advanced (C1-C2)

Are you interested in attending an Italian language course for foreign students (A1-A2)?

YES NO

English language knowledge:

None Beginner (A1-A2) Intermediate (B1-B2) Advanced (C1-C2)

ESN MESSINA (Erasmus Student Network):

Would you like to receive updates and news on the cultural activities for international students organised by ESN Messina? YES NO

INFO ESN MESSINA: www.esn-messina.it email: presidente.esnme@gmail.com

DATE

STUDENT'S SIGNATURE

TO BE COMPLETED BY THE INSTITUTIONAL COORDINATOR OF SENDING INSTITUTION:

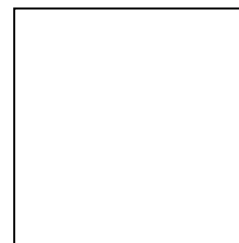
I hereby confirm that the above student has been officially nominated for the Exchange mobility programme.

Surname and Name _____

Position _____

DATE

SIGNATURE



Official stamp