



**UNIVERSITY OF MESSINA**

HIGHER EDUCATION, SCIENTIFIC RESEARCH AND INTERNATIONAL RELATIONS AREA  
INTERNATIONAL RELATIONS UNIT

**APPLICATION FORM FOR INCOMING STUDENT**

**ACADEMIC YEAR: 20.../20...**

MOBILITY PROGRAMME.....

Please attach a recent passport photograph

Please use black ink and block capitals

**SENDING INSTITUTION:**

Name of the Institution \_\_\_\_\_ Erasmus Code (if any) \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_



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### 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 \_\_\_\_\_

Do you want to apply for:  Private Accommodation  University Residence

(NB: request for University Residence **DOES NOT guarantee the allocation of an accommodation**. We strongly advise you to contact **ESN MESSINA**: accommodation@esn-messina.it in order to arrange your accommodation)

### 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 (A1-A2)?  YES  NO



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### 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](http://www.esn-messina.it) email: [presidente@esn-messina.it](mailto:presidente@esn-messina.it)

**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 \_\_\_\_\_

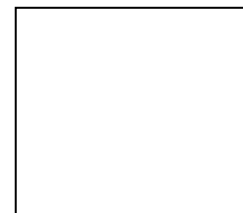
Position \_\_\_\_\_

**DATE**

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_



Official stamp