

ERASMUS+ INTERNATIONAL CREDIT MOBILITY (KA107/80_____)

STUDENT MOBILITY APPLICATION FORM

STUDIES (SMS)

APPLICANT'S PERSONAL & ACADEMIC DETAILS

Surname:		First name:	
Father's name & surname:		Mother's Name & Surname:	
Emergency Contact Details (Name, Surname, Telephone, Email):			
Sending Faculty/Department in Home University:			
Receiving Faculty/Department in Host University:			
Level of Study: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate			
Date of birth: / /	Nationality:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Home address:		Mobile Phone:	
		Email:	
Passport No:	Issue Date: / /	Expiry Date: / /	
BANK Name:	IBAN:	SWIFT CODE:	
Additional Support for Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Previous ERASMUS Experience: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please specify (number of months):			

SENDING INSTITUTION

Name:	
Erasmus code (OID):	Country:
Address:	
Contact Person's Details:	

RECEIVING INSTITUTION

Institution	Country	ACADEMIC YEAR: 20...../20.....		Duration of stay (months)	No. of ECTS credits
		FALL	SPRING		
UNIVERSITY OF WEST ATTICA	GREECE				

PERSONAL STATEMENT (please briefly describe the reasons for applying to this University and Erasmus+ program – 50 – 60 words max).

--

APPROVALS

Name of the applicant:	
Date: / /	Signature:
Name of E+ ICM Sending IR:	
Date: / /	Signature:
Name of E+ ICM Uniwa Institutional Coordinator:	
Date: / /	Signature: