**UNIVERSITY OF ELBASAN “ALEKSANDER XHUVANI”**

**ERASMUS+ STUDENT APPLICATION FORM**

# *ACADEMIC YEAR 2016/2017*

***Please, insert your photo here***

### PLEASE RETURN

### SCANNED BY E-MAIL TO:

### [int.relations1@uniel.edu.al](mailto:omladenova@admin.uni-sofia.bg)

### DEADLINE FOR APPLICATION: - winter semester: 30.07.2016

- **summer semester: 30.11.2016**

## 1. STUDENT’S PERSONAL DATA

|  |  |
| --- | --- |
| **Family name:** | **First name(s):** |
| **Date of Birth:** | **Passport №:** |
| **Place of Birth:** | **Date of issue:** |
| **Nationality:** | **Date of expiry:** |
| **Sex:**  **Male**  **Female** | **E-mail:** |
| **Current address:**  **Current address is valid until:** | **Permanent address (if different):** |
| **Telephone:** | **Telephone:** |

**2. EMERGENCY CONTACT**

|  |  |
| --- | --- |
| **Full name:** | |
| **Affinity (eg. Mother, friend):** | |
| **Telephone:** | **Email:** |
| **Address:** | |

**3. SENDING INSTITUTION**

|  |  |
| --- | --- |
| **Name:** | **PIC code (if any):** |
| **Address:** |  |
| **Faculty/Department:** | |
| **Field of study**: | |
| **Level: BACHELOR  MASTER  PhD** | |
| **Faculty/Department coordinator:** | |
| **Telephone/Fax:** | **Email:** |
| **Institutional coordinator:** | |
| **Telephone/Fax:** | **Email:** |

**4. MOBILITY PERIOD AT SOFIA UNIVERSITY:**

|  |  |
| --- | --- |
| **Full Academic Year  First Semester  Second Semester** | |
| **Date of arrival:** | **Period of the mobility (from…to…):** |
| **Faculty/Department:** |  |
| **Faculty/Academic coordinator** (if already known): | |

**5. LANGUAGE COMPETENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother tongue: Albanian** | | | |
| **Knowledge of other languages:** | **Fair** | **Good** | **Excellent** |
| **English**  **………………………**  **………………………** |  |  |  |

**6. ACCOMMODATION**

|  |
| --- |
| **I would like accommodation in the Student Campus as an Erasmus student during the academic year 2015/2016** |
| **Period of stay (from...to…):** |

**7. MEDICAL INSURANCE**

|  |
| --- |
| **I am aware that having a valid medical insurance for the whole duration of the mobility is my responsibility.** |

**8. ADDITIONAL COMPULSORY DOCUMENTS**

|  |
| --- |
| ***PLEASE, ENCLOSE TO THIS APPLICATION:***  **1. Learning Agreement for Studies**  **2. Copy of the first page of your passport (for visa issuance, travel arrangement)** |

**9. COMMITTEMENT**

|  |  |
| --- | --- |
| **STUDENT NAME:**  **I confirm that the information provided above is correct.** | |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **SENDING INSTITUTION**  **I confirm that the information provided above is correct.** | |
| **Faculty/Department coordinator’ signature:** | **Institutional coordinator’s signature:** |
| **Date:** | **Date:** |
| **Stamp:** | **Stamp:** |

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION**  **I confirm that the above-mentioned student is accepted at...** | |
| **Faculty/Department coordinator’ signature:** | **Institutional coordinator’s signature:** |
| **Date:** | **Date:** |
| **Stamp:** | **Stamp:** |