**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

### 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**

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

**6. ACCOMMODATION**

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| **[ ]  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**

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| --- |
| **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**

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| **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:** |