





UNIVERSITÀ
DEGLI STUDI
DEL MOLISE

 <p>UNIVERSITÀ DEGLI STUDI DEL MOLISE</p>	
<p>ERASMUS + Key Action 1 Student mobility for traineeship</p> <p>INCOMING STUDENT APPLICATION FORM</p> <p>Academic Year: 2014/2015</p>	<p><i>Attach your photo</i></p>
<p>(Please write in capital letters)</p>	
<p>Field of Study</p>	
<p>SENDING INSTITUTION DATA</p>	
<p>Name and full address of home University:</p>	
<p>Department/Faculty:</p>	
<p>Referent for the mobility at Home Institution (name, telephone, fax, e-mail)</p>	
<p>STUDENT'S DATA</p>	
<p>Family name(s)</p>	
<p>First name</p>	

Please, return to:

Università degli Studi del Molise – Settore Relazioni Internazionali

Via De Sanctis s/n

86100 Campobasso (ITALY)

Fax: +39 0874 404258 E-mail: relazint@unimol.it; mdipaolo@unimol.it



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Nationality	
Date of birth	
Place of birth	
Sex	F <input type="checkbox"/> M <input type="checkbox"/>
Current address	
Permanent address (if different)	
Telephone	
E-mail	
Number of passport/identity card (please, attach a copy)	
Language competence	
Mother tongue	
Language of instruction at home University	
Italian language level	
Other languages (please, specify level)	

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Previous and current study	
Diploma/degree for which you are currently studying <i>(attach transcript of records)</i>	
Number of higher education study years prior to departure abroad	
Have you already studied abroad? (yes/no)	
If yes, where (name of Institution) and when?	
Period of placement at University of Molise	
From _____	To _____
Required structure (tick one)	
International Relations Office	<input type="checkbox"/>
Library	<input type="checkbox"/>
Labs (specify)	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>
ATTACH YOUR CV AND COVER LETTER	
Student's Signature	
Date	
Departmental Coordinator Signature and Stamp (Home University)	
Date	

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RESERVED TO RECEIVING INSTITUTION	
We hereby acknowledge receipt of the Application and proposed Training Agreement.	
The student is	<input type="checkbox"/> ACCEPTED
	<input type="checkbox"/> NOT ACCEPTED
<i>Signature of the Responsible for the Placement</i>	<i>Stamp</i>
<i>Date</i>	

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