

Erasmus + Mobility Student Application form

Student

NAME AND FAMILY NAME	Click here to enter text.
DATE OF BIRTH	Click here to enter a date.
PLACE AND STATE OF BIRTH	Click here to enter text.
CITIZENSHIP	Click here to enter text.
GENDER	Choose an item.
CURRENT ADDRESS	Click here to enter text.
PERMANENT ADDRESS (if different)	Click here to enter text.
PHONE NUMBER (including country code)	Click here to enter text.
E-MAIL	Click here to enter text.

Sending/HOME Institution Academy of Applied Studies Belgrade

COLLEGE	Choose an item.			
STUDY CYCLE	Choose an item.			
STUDY PROGRAMME	Choose an item.			
CURRENT YEAR OF STUDY	Choose an item.			
GRADE POINT AVERAGE	Click here to enter text.			
HAVE YOU EVER RECEIVED ERASMUS+ SCHOLARSHIP?	Choose an item.			
IF YES, ENTER	NAME OF UNIVERSITY	DURATION (in months)	MOBILITY TYPE	STUDY CYCLE
	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
ARE YOU SUBMITTING PROOF OF UNFAVOURABLE SOCIO-ECONOMIC POSITION?	Choose an item.			
ARE YOU SUBMITTING PROOF OF STUDENT WITH DISABILITY, as described in the call?	Choose an item.			

Applying to Receiving/HOST Institution

HOST UNIVERSITY:	NAME OF UNIVERSITY	STUDY PROGRAMME	COUNTRY
	Choose an item.	Click here to enter text.	Choose an item.
STUDY CYCLE		Choose an item.	
PLANNED PERIOD OF MOBILITY		Choose an item.	
PLANNED DURATION OF MOBILITY		STUDENT MOBILITY	
		Choose an item.	Choose an item.
PLEASE INDICATE THE SELECTED MOBILITY LANGUAGE		Click here to enter text.	

Before submitting your application, please refer to: <https://assb.edu.rs/erasmus-ka103/>

CHECKLIST	<input type="checkbox"/> STUDENT APPLICATION FORM
	<input type="checkbox"/> CV
	<input type="checkbox"/> TRANSCRIPT OF RECORDS
	<input type="checkbox"/> MOTIVATION LETTER
	<input type="checkbox"/> RECOMMENDATION
	<input type="checkbox"/> PROOF OF FOREIGN LANGUAGE COMPETENCES in which mobility is conducted with the indication of the CEFR level
	<input type="checkbox"/> PROOF OF ENGLISH LANGUAGE if different from the foreign language in which mobility is conducted
	<input type="checkbox"/> PROOF OF INTERNATIONAL ACTIVITIES (if available)
	<input type="checkbox"/> PROOF OF ESN PARTICIPATION (if available)
	<input type="checkbox"/> SIGNED STATEMENT that studies will not be completed before end of the mobility period (only for senior College students)
	<input type="checkbox"/> DEGREES OBTAINED (where applicable)
	<input type="checkbox"/> ADEQUATE PROOF OF UNFAVOURABLE SOCIO-ECONOMIC STATUS (proof issued by the municipality, ID copy and signed statement)
	<input type="checkbox"/> ADEQUATE PROOF OF STUDENT WITH DISABILITY, as described in the call
	<input type="checkbox"/> SIGNED STATEMENT OF DATA PROTECTION COMPLIANCE

I hereby state that my study period abroad within the Erasmus+ shall not be financed by other sources originating from the EU funds. I hereby confirm that the documents submitted in the application are true and accurate and the data they provide can be used by persons authorised to check, process, keep and use them for the participation in the Erasmus+ Call and Erasmus+ mobility.

Date Click here to enter a date.

Place Click here to enter text.