**ENROLMENT FORM - STUDENT MOBILITY PROPOSAL**

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| **ACADEMIC YEAR** ………… /..…….....**FIELD OF STUDY (ISCED code):** ....................................................................................................... | Photo |
| **STUDENT** |
| Last name(s) .……………………………………………………………..… | First name(s) ………………….............. | Mobile ……………………….. |
| E-mail: ……………………………………………………………………………………………………………………………….Current Address: ………..……………….……………………….............. Permanent address (if different): ………………….......................................... |
| Date of birth ………………………………………………………..…….. | Nationality ……………………………. | Sex (M/F) ..………………….. |
| **Period of study/Duration From ……………….. to …………………** | **Duration of stay (months) ………....** | **expected ECTS credits ……** |
| Main reasons why I wish to study abroad:………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| CURRENT AND PREVIOUS STUDYDiploma/degree for which I am currently studying: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….Duration of course: ........ years Years of study prior to departure abroad: ........... I have already been studying abroad? Yes ⬜ No ⬜If Yes, when? ......................... At which institution? ..................................................................................................................................................I have benefited of Erasmus status before? Yes ⬜ No ⬜ |
| WORK EXPERIENCE RELATED TO CURRENT STUDY(if relevant)

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| --- | --- | --- | --- | --- |
|  | Type of work experience | Company / organization | Country | Dates |
| 1 | ……………………………………………………………………………………………………………………………………………… | ……………………………………………..…………………………………………….. | ………………………… | ………………………… |
| 2 | ……………………………………………………………………………………………………………………………………………… | ……………………………………………..…………………………………………….. | ………………………… | ………………………… |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LANGUAGE COMPETENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proficiency Languages | Native Speaker | C1 | B2 | B1 |
| Italiano | [ ]  | [ ]  | [ ]  | [ ]  |
| English | [ ]  | [ ]  | [ ]  | [ ]  |
| Français | [ ]  | [ ]  | [ ]  | [ ]  |
| Deutsch | [ ]  | [ ]  | [ ]  | [ ]  |
| Español | [ ]  | [ ]  | [ ]  | [ ]  |
| Other: ......................... | [ ]  | [ ]  | [ ]  | [ ]  |
| Other: ......................... | [ ]  | [ ]  | [ ]  | [ ]  |

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| Language of instruction at home institution (only if different from native speaker) ………………………………………………………………………. |

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| **HOME INSTITUTION** |
| Name: ……………………………………………………………………... | Faculty/Department:……………………………………………………….... | Erasmus Code:……………………………. |
| Address:…………………………………………. …………………………………………. | Country:……………………… | Contact Person name, email, phone:…………………………………………………………………………………………..…………………………………………………………………………………………... |
| International Relations Coordinator Signature……………………………………………………………………… | STAMP OF THE HOME INSTITUTION(APPLICATION NOT ACCEPTED IF MISSING) |

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| **HOST INSTITUTION** |
| Name: **Università degli Studi di Firenze** | Faculty/Department:**Scuola di Architettura** | Erasmus Code: **I FIRENZE01** |
| Address: **Via della Mattonaia, 8**  | Country: **Italy** | Contact Person name: **Prof.ssa EMANUELA FERRETTI** **archint@unifi.it** |
|  |
| We hereby acknowledge receipt of the application⬜ provisionally accepted at our institution | The above-mentioned student is⬜ not accepted at our institution |
| International Relations Coordinator signature………………………………………………………………………… | STAMP OF THE HOST INSTITUTIONDate: ……………………………………………………… |

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| **DATA FOR THE ENROLMENT (***To be filled in ONLY after arrival)* |
| Date of beginning of the study period at the University of Florence: …………………………………………………………... |
| International Relations Coordinator signature………………………………………………………………………… | STAMPDate: ………………………………………………………………………… |

**Information concerning the Italian Privacy Protection Law (Art. 13 of the Leg.Decree nr. 196 of June 30, 2003)**

The University of Florence will process the personal data provided in the present form exclusively for Erasmus –related procedures and in compliance with its institutional aims.

**Communication and diffusion of Personal Information**

According art. 11 of the Regulations for the implementation of the Personal Data Protection Code, I herewith **authorize** the University of Florence to process and communicate my personal data to the Public or Private Bodies which will request them, with the aim of implementing orientation, education, professional training and employment opportunities, also abroad, for young students and graduates.

YES □ NO □

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_