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| **ERASMUS+ STUDENT MOBILITY**  **ENROLMENT FORM**  **ACADEMIC YEAR …….. / ……...**  *ANNO ACCADEMICO*  **FIELD OF STUDY (ISCED code): .............................................................................**  *CODICE ISCED* | (photo) |

**This application should be completed in BLACK and in CAPITAL LETTERS**

*Si prega di compilare questa domanda in* ***NERO*** *e in* ***STAMPATELLO***

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|  | **HOME INSTITUTION** ERASMUSCODE: ..................................  Name and full address: ..................................................................................................................................  ..................................................................................................................................  Institutional/Departmental coordinator of the programme: .........................................................................................................................................................................  telephone: ..................................................... e-mail: ...................................................................................  COORDINATOR’S SIGNATURE STAMP OF THE HOME INSTITUTION or Erasmus Office  ……………………………………... …………………………………………………………………….  **(*APPLICATION NOT ACCEPTED IF MISSING*)** | | | |
|  | **STUDENT’S PERSONAL DATA**  Family name: ............................................ First name(s): ............................................ Gender:  F;  M  *Cognome* *Nome* *Genere*  Date of birth: ........................ Place of birth: ...................................... Nationality: .......................................  *Data di nascita* *Luogo di nascita* *Cittadinanza*  Home address ………………………………………………… City ……………..…. Country ………………  Tel.: ........................................................................... e-mail: ........................................................................  Emergency Contacts (please specify name, relationship, contact number/e-mail) ……………………………………….  ……………………………………………………………………………………………………………………………  **CURRENT STUDIES**  Enrolled in (at the home Institution)  1st cycle  2nd cycle  3rd cycle  (Please specify the degree course) …………………………………………………………………………………………  *Iscritto/a al Corso di laurea/laurea magistrale/Dottorato* | | | |
|  | **Host Institution**  *Istituzione ospitante*  **UNIVERSITA’ di FIRENZE**  **School: ……………………………………..** | Period of study  *periodo*  from (da) to (a)  ................ ................ | Duration of stay (months)  *Durata del*  *soggiorno (mesi)*  ............................ | expected  ECTS credits  *crediti ECTS previsti*  ......................... |

## LANGUAGE COMPETENCES CONOSCENZE LINGUISTICHE

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|  | **Language**  **Proficiency *Lingue straniere*** | **Mother tongue**  ***Madrelingua*** | **C2** | **C1** | **B2** | **B1** | **A2** | **A1** |
|  | **Italiano** |  |  |  |  |  |  |  |
|  | **English** |  |  |  |  |  |  |  |
|  | **Français** |  |  |  |  |  |  |  |
|  | **Deutsch** |  |  |  |  |  |  |  |
|  | **Español** |  |  |  |  |  |  |  |
|  | **Other: .........................** |  |  |  |  |  |  |  |
|  | **Other: .........................** |  |  |  |  |  |  |  |

Language of instruction at home institution (only if different from mother tongue) …………………………….

*Lingua di insegnamento nell’università di origine (solo se diversa dalla lingua madre)*

**Personal Information and Privacy Protection**

Pursuant to the Article 13 of the Regulation (EU) 2016/679 GDPR - General Data Protection Regulation - to the Italian Legislation no. 196 dated 30/06/2003, and to the “Information for the processing of users personal data as prospective students, students, undergraduates, graduates, scholarship holders, postgraduates and doctoral students of the University of Florence” (published in the institutional website of the university > Data Protection > Students [www.unifi.it/vp-11360-protezione-dati.html#studenti](https://www.unifi.it/vp-11360-protezione-dati.html#studenti)), I hereby authorize the University of Florence to use and process my personal data for the relevant Erasmus mobility procedures in compliance with the current legislation and with its institutional aims.

YES  NO

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **RECEIVING INSTITUTION *NOT to be filled in by the applicant!***  We hereby acknowledge receipt of the application The above-mentioned student is  Confermiamo con la presente di aver ricevuto la domanda Lo studente summenzionato  provisionally accepted at our Institution  not accepted at our Institution  *provvisoriamente accettato/a presso la nostra istituzione non è accettato presso la nostra istituzione*  Erasmus Coordinator  *Il delegato Erasmus*  Signature: ……………………………………… Date: ………………………… STAMP |