



## APPLICATION FORM

Application date:
Type and program of mobility: Studies – ERASMUS Student Mobility
Home Institution:
Period: 1 <sup>st</sup> semester 2022

### Personal data

Family name
First name
Sex
Date of birth
Country of birth
Place of birth
Country of nationality

### Mobility document

Type (ID card...)
Number
Issued by
Issue date
Expiration date

### Current address

Address
Postcode
Phone
Mobile phone
Email



**Home address (if different)**

Street
Postcode
City
Country
Phone

**Person to notify in case of emergency**

Name
Email
Phone

**Home Institution**

Country
Institution
Faculty/School/Department
Date began studies at this institution

**Current studies**

Degree/Qualification pursued (e.g.: BA in ...)
Study level      First cycle – Second cycle – Postgraduate – Masters
Study area
Number of years of studies prior to mobility

**Mobility period**

Start semester
Duration (semesters)
Duration (months)
Start of mobility
End of mobility



### Disability and special needs

Do you have a disability or any special needs	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, please specify		

### Language competence

Mother tongue :

Other languages	I am currently studying this language	I have sufficient knowledge to follow lectures	I would have sufficient knowledge to follow lectures if I had some extra preparation
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
1			
2			
3			

### Work experience related to current studies (if relevant)

Type of work experience	Firm/organisation	Dates	Country

### Student Tutor

I would like to apply for a student tutor at SSML during the mobility period  yes  no

If yes, I do consent to provide my email address to the student tutor  yes

### Declaration of consent

I agree to the use of my personal data yes no

### Signature of the student

I confirm that all details given in the application form are correct and complete

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
Signature



**Confirmation of the coordinator of Host Institution**

Institution: SCUOLA SUPERIORE PER MEDIATORI LINGUISTICI DI PISA

Name PROF. MONIKA PELZ

Function DIRECTOR OF STUDIES, ERASMUS COORDINATOR

Phone 050-561883

Fax 050-8310064

Email directorofstudies@mediazionelinguistica.it

\_\_\_\_\_

Date and Place

\_\_\_\_\_

Signature and Stamp

**Confirmation of the coordinator of Sending Institution**

Institution

Name

Function

Department

Phone

Fax

Email

To be completed by the international coordinator of sending Institution

\_\_\_\_\_

Date and Place

\_\_\_\_\_

Signature and Stamp



## Useful Information

Please do not forget to enclose the required documents with your application.

**Please send this application and all necessary documents in electronic form to:**

[relazioni.internazionali@mediazionelinguistica.it](mailto:relazioni.internazionali@mediazionelinguistica.it)

*Please send the following with the application form*

- *copy of your passport*
- *learning agreement*

*Please note: incomplete or handwritten forms will not be processed.*

*Check all data carefully before sending.*