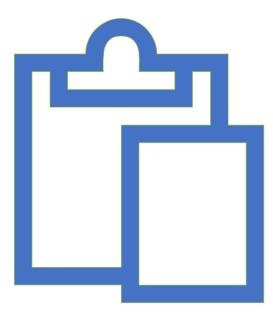


università degli studi FIRENZE

Scuola di Studi Umanistici e della Formazione



HOW TO FILL IN YOUR ENROLMENT FORM

PUT IN THE ACADEMIC YEAR of your study abroad period

ERASMUS+ STUDENT MOBILITY PROPOSAL ENROLMENT FORM

ACADEMIC YEAR / /

FIELD OF STUDY (ISCED code):

CODICE ISCED

WRITE THE ISCED CODE (<u>ASK YOUR</u> <u>ERASMUS COORDINATOR if not sure</u>)

PUT YOUR PASSPORT PHOTO HERE

(photo)

COMPLETE WITH INFO ABOUT YOUR UNIVERSITY

<u>CODE</u>: ERASMUS CODE OF YOUR HOME INSTITUTION

HOME INSTITUTION	CODE:
Name and full address:	
	•
Departmental coordinator of the programme:	
phone: fax:	e-mail:
Institutional coordinator of the programme:	
telephone :teletax :	e-mail :
	STAMP OF THE HOME INSTITUTION or Erasmus Office
COORDINATOR'S SIGNATURE	STAMP OF THE HOME INSTITUTION OF Erasmus Office
COORDINATOR'S SIGNATURE	STAMP OF THE HOME INSTITUTION OF Erasmus Office

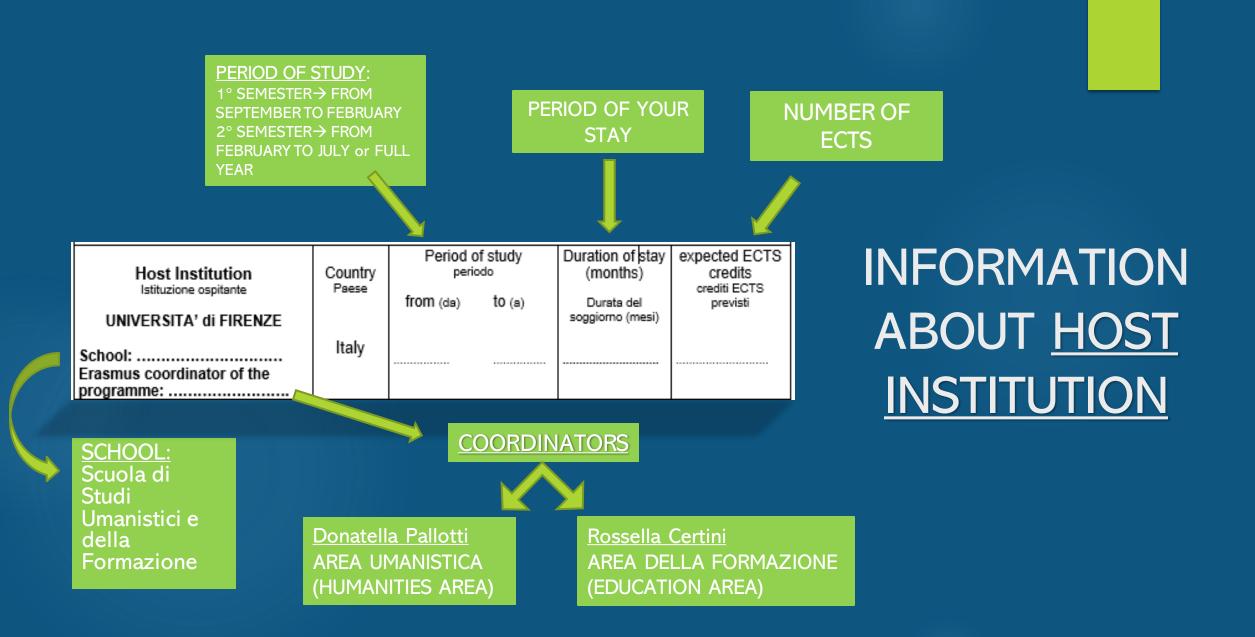
(APPLICATION NOT ACCEPTED IF MISSING)

Your coordinator's SIGNATURE AND STAMP (ALSO SCANNED)

<u>REGISTRATION N</u>.: PUT IN YOUR STUDENT NUMBER AT YOUR HOME INSTITUTION

WRITE YOUR PERSONAL DATA

STUDENT'S PERSONAL DATA		Registration N.:	
Family name:	First name(s):	_	Sex:
Cognome	Nome		Sesso
Cognome Date of birth:	Place of birth:	Nationality:	
Data di nascita	Luogo di nascita	Cittadinanza	
Current address:	Pen	nanent address (if different):	
Tel.:	e-ma	ail.:	



DO NOT FILL IN THESE TWO SECTIONS

RECEIVING INSTITUTION	NOT to be filled in by the applicant!
We hereby acknowledge receipt of the applicat	on The above-mentioned student is
Confermiamo con la presente di aver ricevuto la domanda	
provisionally accepted at our institutio provvisoriamente accettato/a presso la nostra	n. <u>not accepted at our</u> institution. istituzione. non è accettato presso la nostra istituzione
Erasmus Coordinator	
II delegato Erasmus	
Signature: STAM	p
Date:	Date:
DATA FOR THE ENROLMENT:	To be filled in ONLY after arrival
Date of beginning of the study period at the Uni	versity of Florence:
Erasmus coordinator of the programme or Eras	mus delegate
Signature: STAM	

FILL IN THESE SECTIONS WITH INFORMATION ABOUT YOURSELF

Name of student:		Re	distration N	Dr
Nome e cognome dello studente			di matricola	
Home institution				(:
Istituzione di origine			Paese	
Main reasons why I wish to stud	y abroad:			
Principali motivi dello studio all'estero				
CURRENT AND PREVIOUS ST	UDV		If necess	ary, continue on a separate s
STUDI ATTUALI E PRECEDENTI	UDT			
Iscritto(a) al Corso di laurea/diploma in				
Diploma/degree for which I am o	urrently studying:			
Durata legale del corso				
Duration of course: years	Years of study pr	or to depa	arture abroad	
I have already been studying ab	road.	Yes	No	
Precedenti soggiorni di studio all'estero				
If Yes, when?				
Se si, guando?				
At which institution?				
Presso quale istituzione?				
I have benefited of Erasmus stat	us before:	Yes	No	
Ho beneficiato dello status di studente i	Erasmus in precedenza:			
WORK EXPERIENCE RELATE ESPERIENZE DI LAVORO (se rilevan		(if relevan	t)	
Type of work experience	Company / organization		dates	country
Tipo di lavoro svolto	Ditta / Ente		periodo	paese

COMPLETE WITH YOUR LANGUAGE COMPETENCE

LANGUAGE COMPETENCE

CONOSCENZA LINGUISTICA

D I	Livello di conoscenza proficiency Languages Lingue straniere	Mother tongue Lingua madre	Excellent Ottima	Good Buona	Fair Media
F	Italiano				
Т	English				
R	Français				
Е	Deutsch				
Ν	Español				
Ζ	Other:				
Е	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)				

WRITE YOUR LANGUAGE OF INSTRUCTION ONLY IF DIFFERENT FROM MOTHER TONGUE

END BY SIGNING THE FORM

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

Date

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

Signature





UNIVERSITÀ DEGLI STUDI FIRENZE Scuola di Studi Umanistici e della Formazione

> International Relations Office School of Humanities and Education erasmus@st-umaform.unifi.it