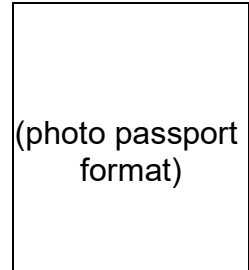




**ERASMUS+
STUDENT MOBILITY PROPOSAL
ENROLMENT FORM**

ACADEMIC YEAR 2021 /2022
ANNO ACCADEMICO



FIELD OF STUDY (ISCED code): .0.42
CODICE ISCED

**This application should be completed in BLACK in order to be easily copied and/or emailed.
WRITE in block capitals or with computer
Compilare questa domanda in NERO per facilitarne la copiatura e/o la trasmissione via e-mail.:
SCRIVERE IN stampatello o al computer**

HOME INSTITUTION	CODE:
Name and full address:	
.....	
Departmental coordinator of the programme:	
phone: fax: e-mail:	
Institutional coordinator of the programme:	
telephone : telefax : e-mail :	
COORDINATOR'S SIGNATURE	STAMP OF THE HOME INSTITUTION or Erasmus Office
(APPLICATION NOT ACCEPTED IF MISSING)	

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

Host Institution Istituzione ospitante	Country Paese	Period of study periodo	Duration of stay (months)	expected ECTS credits
UNIVERSITA' di FIRENZE	Italy	from (da) to (a)	Durata del soggiorno (mesi)	crediti ECTS previsti
School: Law	
Erasmus coordinator of the programme: Alessandra de Luca				

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

DATA FOR THE ENROLMENT:	<i>To be filled in ONLY after arrival</i>
Date of beginning of the study period at the University of Florence:	
Erasmus coordinator/Erasmus staff	
Signature:	STAMP
	Date:



Name of student: Nome e cognome dello studente	Registration N°: N° di matricola
Home institution: Istituzione di origine	Country : Paese
Main reasons why I wish to study abroad: Principali motivi dello studio all'estero	
If necessary, continue on a separate sheet	

CURRENT AND PREVIOUS STUDY
 STUDI ATTUALI E PRECEDENTI
 Iscritto(a) al Corso di laurea/diploma in
Diploma/degree for which I am currently studying:
 Durata legale del corso
 Duration of course: years Years of study prior to departure abroad:

I have already been studying abroad. Yes No
 Precedenti soggiorni di studio all'estero
 If Yes, when?
 Se si, quando?
 At which institution?.....
 Presso quale istituzione?
 I have benefited of Erasmus status before: Yes No
 Ho beneficiato dello status di studente Erasmus in precedenza:

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)
 ESPERIENZE DI LAVORO (se rilevanti ai fini degli studi intrapresi)

Type of work experience Tipo di lavoro svolto	Company / organization Ditta / Ente	dates periodo	country paese
.....
.....

LANGUAGE COMPETENCE

CONOSCENZA LINGUISTICA

	Livello di conoscenza proficiency Languages Lingue straniere	Mother tongue Lingua madre	Excellent Ottima	Good Buona	Fair Media
D I	Italiano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F I	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R E	Français	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N Z	Deutsch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Español	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

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 _____