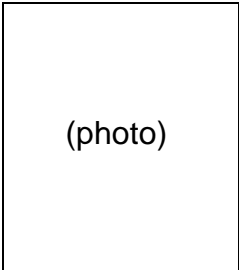




**ERASMUS+  
STUDENT MOBILITY PROPOSAL  
ENROLMENT FORM**



(photo)

**ACADEMIC YEAR** ..... / .....  
ANNO ACCADEMICO

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

**This application should be completed in BLACK in order to be easily copied and/or telefaxed.**

Si prega di compilare questa domanda in **NERO** per facilitarne la copiatura e/o la trasmissione via fax.n.b.: SCRIVERE IN stampatello o a macchina

**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
<b>UNIVERSITA' di FIRENZE</b>	Italy	from (da) to (a)	Durata del soggiorno (mesi)	crediti ECTS previsti
School: .....		.....	.....	.....
Erasmus coordinator of the programme: .....				

**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

provisionally accepted at our institution.  
provvisoriamente accettato/a presso la nostra istituzione.

not accepted at our institution.  
non è accettato presso la nostra istituzione

Erasmus Coordinator  
Il delegato Erasmus

Signature: ..... STAMP Date: .....

**DATA FOR THE ENROLMENT:** *To be filled in ONLY after arrival*

Date of beginning of the study period at the University of Florence: .....

Erasmus coordinator of the programme or Erasmus delegate  
Signature: ..... STAMP Date: .....

**Name of student:** ..... Registration N°: .....  
Nome e cognome dello studente N° di matricola



**Home institution:**..... Country : .....  
 Istituzione di origine 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

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