



UNIVERSITA' DEGLI
STUDI DI PALERMO

Student application form



UFFICIO RELAZIONI
INTERNAZIONALI

ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

ACADEMIC YEAR 200__/200__

FIELD OF STUDY

FORMS WILL NOT BE ACCEPTED WITHOUT THE OFFICIAL STAMP OF YOUR UNIVERSITY AND YOUR CO-ORDINATOR'S SIGNATURE

This application should be completed in BLACK and in IBLOCK LETTERS in order to be easily copied and/or telefaxed

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name	First name (s)	
Date of birth	Sex	Nationality
Place of birth		
Current address	Tel.	
Permanent address (if different)	Tel.	
E-mail box		

DISABILITIES OR SPECIAL REQUIREMENTS

(to be completed by the student applying)

DATE OF ARRIVAL AND DURATION OF STAY

(to be completed by the student applying)

LANGUAGE COMPETENCE

Mother tongue: Language of instruction at home institution (if different)

Other languages

I am currently studying this language: **YES ()** **NO ()**

I have sufficient knowledge to follow lectures: **YES ()** **NO ()**

I would have sufficient knowledge to follow lectures if I had some more extra preparation: **YES ()** **NO ()**

SENDING INSTITUTION

For your Socrates/Erasmus Tutor at your home University to complete.

Forms will not be accepted unless this section is fully completed and signed - Questa sezione del modulo deve essere completata dal coordinatore Socrates/Erasmus presso la propria Università. La domanda non può essere accettata senza la firma del docente responsabile.

I wish to nominate - Dichiaro di aver selezionato
(student's name - nome dello studente)
to go to the University of Palermo as Socrates/Erasmus student - per andare a studiare presso
l'Università di Palermo come borsista Socrates/Erasmus.

Signed - Firma

Date - Data

Institutional Seal - Timbro dell'Istituzione

RECEIVING INSTITUTION

**UNIVERSITY OF PALERMO
DIPARTIMENTO POLITICHE COMUNITARIE E RELAZIONI INTERNAZIONALI**

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