**ASBU ERASMUS+ STUDENT MOBILITY**

**STUDENT APPLICATION FORM**

Academic Year: 20…./ 20….

Field of Study **(**Faculty/Institute**)**: ……………………………..

Department / Program: …………………………………….

GPA: …….../ 4 Previous Graduation Score: ……… / ……… (For 1st year Master and PhD students)

English Language Exam Score: …………………

**Mobility Period:**

**Level/Year:** **UG** **○**1 **○**2 **○**3 **○**4 **Master** **○**1 **○**2 **Ph.D.** **○**1 **○**2 **○**3 **○**4

**STUDENT’S PERSONAL INFORMATION** *(to be filled in by the student)*

| Name & Surname :  Father Name:  Date of Birth :  Nationality :  Place of Birth:  Phone :  E-mail: | ID No :  Passport No :  Address : |
| --- | --- |

**PREVIOUS AND CURRENT STUDIES**

| If you have any circumstances that should be taken into account during the selection process (e.g., disability status), please provide details below:  **The attached transcript of records includes full details of previous and current higher education studies.** |
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Please check all applicable boxes below if you qualify for any priority categories. (The statements that could not be supported by the probative or substitutive documents can result in the elimination of your application.)

|  | Yes | No |
| --- | --- | --- |
| Are you or any of your 1st and 2nd degree relatives residing in the Earthquake Zone that occurred on February 6? (Please read the related footnote in the announcement.) |  |  |
| Are you a child of a martyr or veteran? |  |  |
| Do you have any disability? |  |  |
| Do you have any protection, etc., decided by the government according to Law 2828 or 5395? |  |  |
| Do you have an acceptance letter for the traineeship? |  |  |
| If yes, is your traineeship about the development of Digital Competencies? (Please read the related footnote in the announcement for digital competencies.) |  |  |
| Have you participated in any Erasmus Mobilities before (granted or not granted)? |  |  |
| Would you like to benefit from a non-funded mobility option? |  |  |
| If you have additional circumstances that you believe should be taken into account by the Evaluation Committee during the evaluation process, please describe them clearly in the space below. | | |

**PREFERENCES**

**I would like to be nominated for the following universities and programs in the order below.**

| 1. University/Institute:……………………….. Department: ……………………………………….. 2. University/Institute:……………………….. Department: ……………………………………….. 3. University/Institute:……………………….. Department: ……………………………………….. | |
| --- | --- |
| I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.  **Applicant’s Signature**    Date: | ☐ I confirm that this student meets required ECTS credits for compulsory traineeship mobility.   * ☐ I confirm that this student is undertaking a voluntary traineeship.     **Departmental Erasmus Coordinator’s Signature**    Date: |