



Erasmus+ Programme

STUDENT APPLICATION FORM

ACADEMIC YEAR 20.../20...

STUDENT PERSONAL DATA *(to be completed by the student applying)*

Last name

First name (s):

Permanent Home Address
Street Name and Number

Correspondence Address (if different from
Permanent Home Address)
Street Name and Number: as on the left

City/Zip/Postal-code/Country

City/Postal-code/Country

Telephone No.
(incl. country and city/area code)

Telephone No.
(incl. country and city code)

Email address

Citizenship(s)

Date of Birth
.....

Male ☐
Female ☐

First language (if other
than English):

Disability

Other languages:

Intend period of study at receiving institution

Full academic year: ☐ YES ☐ NO
Autumn semester: ☐ YES ☐ NO
Spring semester: ☐ YES ☐ NO

RECEIVING INSTITUTION (POTENTIAL UNIVERSITY WHERE YOU WOULD LIKE TO STUDY)

I choice

Name:

II choice

Name:

Address
Street Name and Number

Address
Street Name and Number

City/Zip/Postal-code/Country

City/Postal-code/Country

Telephone No.
(incl. country and city/area code)

Telephone No.
(incl. country and city code)

Email:

Email:

*Please mark the correct answer

Attachments: language certificate / CV Europass / Cover letter / photo / a copy of CC student ID card
other - Please mind that applications that are not complete may be unconsidered

III choice

Name:

Address

Street Name and Number

City/Postal-code/Country

Telephone No.

(incl. country and city code)

Email:

Outline of proposed study at the receiving institution

- 1.
- 2.
- 3.
- 4.
- 5.

STATEMENT:

☐ I hereby declare that I have never participate in the Erasmus program before

☐ I hereby declare that I have already participated in the Erasmus program, if YES please answer the below questions:

Type of Studies: BA degree YES/NO* MA degree Yes/No*

Type of mobility: Studies abroad YES/NO* Internship YES/NO*

Date of mobility:

Length of mobility in months: Studies - Internship -

CERTIFICATION

I certify that the information given in this application is complete and accurate to the best of my knowledge and understand that any misrepresentation may render my application void. I understand that this application and supporting documents become the confidential property of Collegium Civitas and will not be released to another party.

Students' s signature

(please print or type and sign):

Date:.....

Sending institution

Name of department coordinator:

Signature and Stamp of department
coordinator

Date:.....

*Please mark the correct answer

Attachments: language certificate / CV Europass / Cover letter / photo / a copy of CC student ID card
other - Please mind that applications that are not complete may be unconsidered