

UNIVERSITY OF KRAGUJEVAC



STUDENT APPLICATION FORM

for student exchange within Erasmus+ KA1 program

NAME AND SURNAME:		
DATE AND PLACE OF BIRTH:		
CITIZENSHIP:		
PASSPORT NUMBER AND VALIDITY:		
CURRENT ADDRESS:		
PERMANENT ADDRESS (if different):		
TELEPHONE AND MOBILE PHONE:		
E-MAIL:		
SEX:	М	F
HAVE YOU ALREADY BEEN STUDYING ABROAD? If yes, when, through which program and at which university?		

HOME UNIVERSITY: UNIVERSITY OF KRAGUJEVAC

HOME FACULTY:	
DEPARTMENT AND STUDY PROGRAMME:	
LEVEL OF STUDY: (Bachelor, Master, PhD)	
CURRENT YEAR OF STUDIES:	
GRADE POINT AVERAGE:	

HOST UNIVERSITY: _____

HOST FACULTY:	
STUDY PROGRAMME:	
ACADEMIC YEAR of your mobility:	
MOBILITY SEMESTER: (WINTER / SPRING / WHOLE YEAR)	
MOBILITY DURATION IN MONTHS:	





Motivation: Briefly state the reasons why you wish to study abroad? How would this mobility benefit to your current and/or future studies and career plans?

FOREIGN LANGUAGE(S) COMPETENCES

How would you describe your foreign language competence in terms of the <u>Common European Framework of Reference for Languages</u> (A1, A2, B1, B2, C1, C2)

Self-assessment of language skills								
	Understanding		Speaking		Writing			
Language	Listening	Reading	Q Spoken interaction	O Spoken production	Writing			

I, the undersigned, certify that all information herein is correct to the best of my knowledge and that I am aware of the eligibility criteria for obtaining Erasmus+ scholarship and that I have not benefited in the past from an Erasmus+ or Erasmus Mundus scholarship for the same type of mobility.

Signature:

Place and date: