

Application for Participation in the ERASMUS+ Student Mobility Program for Study or Internship Purposes

Erasmus office

e-mail: erasmus@accademiadelusso.com

I, the undersigned _____ born in _____ on _____
 residing in _____ at _____ ZIP _____ code _____
 province _____ nationality _____ mobile phone _____
 number _____ e-mail _____

REQUESTS

to participate in the selection for the awarding of a scholarship for:

Student mobility for study purposes within the Erasmus+ Program at one of the Universities/Academies with which the Accademia del Lusso has an agreement – (please indicate up to three options) :

- _____
- _____
- _____

Semester in which you wish to carry out the mobility (please choose only one semester):

- Fall term
- Spring term

I, the undersigned, aware of the criminal liabilities and administrative consequences resulting from falsification of documents and false statements (as provided by Articles 75 and 76 of Presidential Decree no. 445 of 28/12/2000), under the provisions and for the effects of Articles 46 and 47 of the same Presidential Decree, declare:

I am enrolled for the academic year 20 /20____in the _____ year of the course.

_____ student ID number _____;

- I am in good standing with the payment of tuition fees;
- I have benefited from an ERASMUS mobility grant for _____ (indicate 0 if you have not benefited from an ERASMUS mobility grant);
- I do not benefit, for the same period, from other European Union funding related to international mobility;
- I have the following language proficiency:

LANGUAGE	LEVEL OF KNOWLEDGE
	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2

For this purpose, attach the following by email:

1. Application for Student Mobility Scholarship;
2. Personal motivation letter in Italian, printed on plain paper, addressed to the Erasmus Office ADL, dated and signed in original;
3. Curriculum Vitae, dated and signed in original (EUROPEAN format);
4. Transcript;
5. Portfolio of personal works (DIGITAL PORTFOLIO) to be sent via www.wetransfer.com
6. Self-declaration, dated and signed, or official certification (if requested by the Partner Institution) of the level of proficiency in spoken languages according to the Common European Framework of Reference for Languages. (QCER https://it.wikipedia.org/wiki/Quadro_comune_europeo_di_riferimento_per_la_conoscenza_delle_lingue)

Place and date _____

Signature _____

The undersigned also declares to be informed that the personal data collected will be processed, including through information tools, exclusively within the scope of the procedure for which this declaration is made, and authorizes the processing in accordance with Article 13 of Legislative Decree No. 196 of 30/06/2003 and the GDPR (EU) 2016/679.

This application form must be completed in Word format, printed, signed, and sent to erasmus@accademiadellusso.com, along with a valid identification document, within the timeframes and in the manner specified in the selection notice to which you are applying.