Photo

UNIVERSITY OF SIENA

ERASMUS+ KA107 PROGRAMME/ INTERNATIONAL CREDIT MOBILITY (ICM)

STUDENT MOBILITY TO ISRAEL

A.Y. 2020/2021

Surname: _____ Name: _____ ▫ M ▫ F

Place of birth: _____ (_____) Date of birth: _____/_____/_____

Nationality: _____ Italian Fiscal code: _____

Place of residence (*full address*): _____

Postal code _____ City_____ Phone no. _____

Address in Siena (*full address*): _____ Phone no. _____

Unisi e-mail account (mandatory. Note that all official communication regarding ERASMUS+ will be sent to this address): _____@student.unisi.it

Mobile no.: _____ Private e-mail: _____

ACADEMIC DETAILS

University Department: _____

Degree course in: _____

PhD in: _____

Study cycle: ☐ 1st cycle (bachelor) ☐ 2nd cycle (master) ☐ single cycle ☐ 3rd cycle (doctoral)

Course year: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ not on track (*fuori corso*)

Weighted average: _____

Degree mark (if already awarded): _____

EARLIER PERIODS OF MOBILITY

Please specify if you have already received an ERASMUS grant (for Study or Traineeship) during your current study cycle ☐ YES ☐ NO:

If you replied "YES":

during Academic Year _____ at_____

duration (in months) _____

during Academic Year _____ at _____

duration (in months) _____

LANGUAGE PROFICIENCY

LANGUAGE: _____ LEVEL*: _____ LANGUAGE: _____ LEVEL*: _____

LANGUAGE: _____ LEVEL*: _____ LANGUAGE: _____ LEVEL*: _____

LANGUAGE: _____ LEVEL*: _____ LANGUAGE: _____ LEVEL*: _____

SELECTED DESTINATIONS

LIST THE SELECTED UNIVERSITIES IN ORDER OF PREFERENCE:

1)

COUNTRY: _____

SELECTED UNIVERSITY: _____

PLANNED MOBILITY PERIOD: FROM _____TO _____

LIST OF COURSES TO BE PASSED ABROAD:

(Please check the selected University's web site; doctoral students should specify any courses they wish to attend and the research activities to be carried out)

(ADD ROWS IF NECESSARY)

If you intend to prepare and write your degree thesis, please indicate:

The Supervisor's name: _____

The thesis title: _____

MOTIVATION (DESCRIBE THE REASON YOU WISH TO COMPLETE A PERIOD OF STUDY AT THE SELECTED UNIVERSITY) / COMPULSORY FIELD:

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2)

COUNTRY: _____

SELECTED UNIVERSITY: _____

PLANNED MOBILITY PERIOD: FROM _____TO _____

LIST OF COURSES TO BE PASSED ABROAD:

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I, THE UNDERSIGNED, DECLARE THAT I AM AWARE THAT IT IS INCUMBENT ON THE STUDENT TO COMPLETE AND SUBMIT THE REQUESTED FORMS TO THE HOST UNIVERSITY BY THE DEADLINES AND THAT THE INTERNATIONAL RELATIONS DIVISION SHALL BEAR NO RESPONSIBILITY SHOULD THE STUDENT FAIL TO USE THE ERASMUS GRANT DUE TO HIS/HER FAILURE TO MEET THE SELECTED UNIVERSITY'S DEADLINES.

DATE_____ SIGNED_____

PROCESSING OF PERSONAL DATA

PURSUANT TO THE PRIVACY CODE OF LEGISLATIVE DECREE NO. 196/2003, I AUTHORIZE THE INTERNATIONAL RELATIONS DIVISION TO COMMUNICATE MY PERSONAL DETAILS TO OTHER STUDENTS IN ORDER TO FACILITATE COMMUNICATION AMONG CANDIDATES AND/OR ERASMUS GRANT RECIPIENTS.

DATE_____ SIGNED_____