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| REQUEST FORM FOR ACCEPTANCE OF ERASMUS+ STUDY MOBILITY |

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| **PERSONAL INFORMATION** | | | | | | |
| Surname / Name | | | |  | | |
| Faculty / Department | | | |  | | |
| Student ID No | | | |  | | |
| E-mail | | | |  | | |
| Phone Number (Home) | | | |  | | |
| Mobile | | | |  | | |
| **STUDY ABROAD PERIOD AT HOST INSTUTION** | | | | | | |
| Host Institution | | | |  | | |
| Period of Admission | | | | FALL SPRING | | |
| **ATTACHMENT** | | | | | | |
|  | | | | | | |
| **(Brief explanation)** | | | | | | |
| I hereby agree and confirm that I did the pre-research (medium of instructions, academic calender, accomodation, etc) of my preference list of study mobility. I am aware that all the process of pre-research and preference list is under my responsbilities. I also acknowledge that my Erasmus Grade will be decreased by 10 points if I will lose my right to join for Erasmus+ Study Mobility Program for my next Erasmus+ applications.. | | | | | | |
| **STUDENT NAME AND SURNAME:**  **STUDENT SIGNATURE** | | | | | | |
| **Date** | | | **Signature:** | | | |
| **CONFIRMATION OF  THE DEPARTMENTAL ERASMUS COORDINATOR** | | | | | **CONFIRMATION OF  THE HEAD OF DEPARTMENT** | |
| **Surname / Name** |  | | | | **Surname / Name** |  |
| **Date / /** | **Signature**  **…………………** | | | | **Date / /** | **Signature**  **……………………..** |
| **CONFIRMATION OF THE INSTITUTIONAL ERASMUS+ COORDINATOR** | | | | | | |
| **Surname / Name** | |  | | | | |
| **Date**  **/ /** | | **Signature**  **----------------------------------------------------** | | | | |