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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****----------------------------------------------------** |