**This Application Form must be completed using a PC (*no hand-written*) in order to be easily copied or scanned.**

This document must be filled in by the applicant and sent to:

|  |
| --- |
| ​prof. Michele Di Bari**Campus CIELS - Erasmus+ and International Relations Office**​via S. Venier, 20035127 PadovaITALY  +39 049 774152**erasmus@ciels.it** |

**Before June 15st**, if the stay is during the first semester (07/10/2019 – 24/01/2020) or the full academic year;

**Before November 15th**, it the stay is during the second semester (24/02/2020 – 22/05/2020).

With the following documents:

* **Learning Agreement** completed and signed by the applicant and approved by the coordinator of the sending institution (see the document attached)
* **Copy of an ID-card or a passport**;
* **Copy of an European Card of Health Insurance** or a Certificate of a private health insurance who covered during your stay
* **Copy of transcripts of records** (previous and current higher education)
* **One coloured photo attached on page 2 plus a jpeg sent as file via e-mail**

​**Accommodation**

The Padova campus offers several facilities to students, such as library, computer rooms with internet facilities, canteen and bar, sports facilities. Student accommodation can be found within walking distance. Our students can also apply for student housing with ESU, the local authority for the right to education ([www.esu.pd.it/it/residenze/Pagine/default.aspx](http://www.esu.pd.it/it/residenze/Pagine/default.aspx)). If you apply with ESU, please specify you are enrolled at CIELS (*CIELS is not part of the University of Padova, but it is an independent academic institution*).

For help to find accommodation in Padova you can also contact the SASSA Service (http://www.sassa.org/).

|  |
| --- |
| **Reserved to the Erasmus+ and International Relations Office****Application arrived on:** |

**Student personal data**

|  |  |
| --- | --- |
| **Surname(s)** | ***Please attach your picture here******(compulsory)*** ……………………. |
| **Name(s)** | ……………………. |
| **Gender** | * **FEMALE**
 | * **MALE**
 |
| **Date of Birth** | ……………………. |
| **City of Birth** | ……………………. |
| **Country of Birth** | ……………………. |
| **Nationality** | ……………………. |
| **Civil Status**  | * **SINGLE**
 | * **MARRIED**
 | * **DIVORCED**
 |
| **E-mail address** |  |
| **Mobile number** | + ………………….. |
| ***Are you a special needs student[[1]](#footnote-1)?*** | * **YES**
 | * **NO**
 |
|  |
| **HOME COUNTRY OFFICIAL ADDRESS** |
| **Street** | ……………………. |
| **Nr** | …… | **Apartment** | ….. | **Zip code** | ……… |
| **City** | ……………………. |
| **Country** | …………………… |

**Please note that:**

* **Most of the courses are taught in Italian**

**Native language: xxx**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Level of language competence in English[[2]](#footnote-2) | * A1
 | * A2
 | * B1
 | * B2
 | * C1
 | * C2
 |
| Level of language competence in French | * A1
 | * A2
 | * B1
 | * B2
 | * C1
 | * C2
 |
| Level of language competence in German | * A1
 | * A2
 | * B1
 | * B2
 | * C1
 | * C2
 |
| Level of language competence in Spanish | * A1
 | * A2
 | * B1
 | * B2
 | * C1
 | * C2
 |

Academic curriculum summary (Higher education prior to 2019-2020):

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Name of the institution** | **Studies completed** | **Results** |
| **2018-2019** |  |  | **Failed****Success** |
| **2018-2017** |  |  | **Failed****Success** |

Please annex a copy of your **Transcripts of Records** (current higher education).

If you have to work on a final master thesis at CIELS, we ask you to attach a letter explaining the projects you would like to work on and the names of the professors who are entitled to coach your project in your home university and at CIELS.

**STUDY PERIOD AT SSML CIELS**

**ERASMUS PROGRAMME:**

* **ERASMUS+**
* **BILATERLA AGREEMENT**
* **ERAMUS MUNDI**
* **OTHER**

|  |  |  |
| --- | --- | --- |
| **DURATION OF STAY:** | * 1st semester
 | *October – February (see Academic Calendar)* |
|  | * 2nd semester
 | *February – June (see Academic Calendar)* |
|  | * Academic year
 | *October - June* |
| **Expected date of arrival** | …………………………………………………………………………………………………. |
| **Expected date of departure** | …………………………………………………………………………………………………. |

|  |
| --- |
| **STATE OF CONFORMITY** |
| *I state that all information mentioned in the present application form is true.* *I declare that I am fully registered in my home institution for academic year 2019-2020, and my mobility period at I PADOVA 05 has been formally approved by the academic authorities of my home institution.* |
| Date and Place | …………………………………………………………………………………………………. |
| Student handwritten signature  | …………………………………………………………………………………………………. |
| **Person in charge of the exchange in the home institution** |
| Name | …………………………………………………………………………………………………. |
| Signature | ……………………………………………………………. |  |
| Official Stamp |

1. *A student with a disability, a proven deficiency, a specific learning disability or a disabling illness whose interaction with various barriers may hinder their full and effective participation in their academic life on the basis of equality with others.* [↑](#footnote-ref-1)
2. *Please refer to the CEFR (Common European Framework of Reference for Languages)* [↑](#footnote-ref-2)