

STUDENT MOBILITY FOR THE PURPOSE OF STUDY / TRAINEESHIP (19-103-060107)

Academic year 2020/2021

APPLICATION FORM

INFORMATION ABOUT THE PARTICIPANT

Last name (s)		First name (s)	
Date of birth		Nationality	
Email address			
Permanent residence (full address)			
Name home institution	EMUNI University		
Address	Kidričevo nabrežje 2, 6330 Piran, Slovenia		
Erasmus code (if applicable)	SI PORTORO 03		
Faculty/Department			

INFORMATION ABOUT THE MOBILITY

Planned period of the mobility			
Type of a mobility (study/traineeship)			
FROM (dd/mm/yyyy)		UNTIL (dd/mm/yyyy)	
Duration (months)			
Name receiving institution			
Address			
Erasmus code (if applicable)			
Faculty/Department			

I, the undersigned request from the Higher Education Mobility a grant for my mobility.

I declare:

that I fulfil the condition of CALL FOR APPLICANTS FOR THE CO-FINANCING OF STUDY and TRAINEESHIP MOBILITY FOR THE ACADEMIC YEAR 2020/2021

that all information contained in this application are correct to the best of my knowledge

Signature

Place and Date:

.....

The application has to contain following attachments:

- 1) A **motivation letter** (preferred institutions for a mobility, proposed plan of a mobility period – courses/training to be carried out and a preferred period of mobility)
- 2) Application Form¹ – filled in, signed and scanned

All the documents have to be send to: **erasmus@emuni.si**

The selection criteria for the nomination are left entirely to the sending institution. When providing the nomination, the sending institution guarantees that all eligible staff members at its institution were given a fair and equal chance for participation and that the nominated student best matched for the mobility.

¹ Please find an application form on: <https://emuni.si/projects/erasmus-mobility/>