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**Erasmus + Mobility**

**Student Application form**

**Student**

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| --- | --- |
| **NAME AND FAMILY NAME** | Click here to enter text. |
| **DATE OF BIRTH** | Click here to enter a date. |
| **PLACE AND STATE OF BIRTH** | Click here to enter text. |
| **CITIZENSHIP** | Click here to enter text. |
| **GENDER** | Choose an item. |
| **CURRENT ADDRESS** | Click here to enter text. |
| **PERMANENT ADDRESS (if different)** | Click here to enter text. |
| **PHONE NUMBER (including country code)** | Click here to enter text. |
| **E-MAIL** | Click here to enter text. |

**Sending/HOME Institution**

**Academy of Applied Studies Belgrade**

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| --- | --- | --- | --- | --- |
| COLLEGE | | | Choose an item. | |
| STUDY CYCLE | | | Choose an item. | |
| STUDY PROGRAMME | | | Choose an item. | |
| CURRENT YEAR OF STUDY | | | Choose an item. | |
| GRADE POINT AVERAGE | | | Click here to enter text. | |
| HAVE YOU EVER RECEIVED ERASMUS+ SCHOLARSHIP? | | | Choose an item. | |
| IF YES, ENTER | **NAME OF UNIVERSITY** | **DURATION**  **(in months)** | **MOBILITY**  **TYPE** | **STUDY CYCLE** |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| ARE YOU SUBMITTING PROOF OF UNFAVOURABLE  SOCIO-ECONOMIC POSITION? | | | Choose an item. | |
| ARE YOU SUBMITTING PROOF OF STUDENT WITH  DISABILITY, as described in the call? | | | Choose an item. | |

**Applying to Receiving/HOST Institution**

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| --- | --- | --- | --- | --- |
| HOST UNIVERSITY: | NAME OFUNIVERSITY | STUDY PROGRAMME | | COUNTRY |
| Choose an item. | Click here to enter text. | | Choose an item. |
| STUDY CYCLE | | Choose an item. | | |
| PLANNED PERIOD OF MOBILITY | | Choose an item. | | |
| PLANNED DURATION OF MOBILITY | | STUDENT MOBILTY |  | |
| Choose an item. | Choose an item. | |
| PLEASE INDICATE THE SELECTED  MOBILITY LANGUAGE | | Click here to enter text. | | |

**Before submitting your application, please refer to:** <https://assb.edu.rs/erasmus-ka103/>

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| **CHECKLIST** |  |
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**I hereby state that my study period abroad within the Erasmus+shall not be financed by other sources originating from the EU funds. I hereby confirm that the documents submitted in the application are true and accurate and the data they provide can be used by persons authorised to check, process, keep and use them for the participation in the Erasmus+Call and Erasmus+ mobility.**

**Date** Click here to enter a date.

**Place** Click here to enter text.