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**APPLICATION FORM FOR**

**ERASMUS+ KA107 INCOMING STUDENTS**

**ERASMUS+ PROJECT 2020-1-HR01-KA107-077450**

NOTE: This application should be printed, filled, signed by student and endorsed by the sending (home) institution!

**PERSONAL INFORMATION**

Name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ABOUT THE STUDIES AT HOME INSTITUTION**

Name of the home institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the study programme at home institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current level of study: Bachelor

 Master

 PhD

**INFORMATION ABOUT THE INTENDED STUDIES AT UNIVERSITY OF ZADAR**

Academic year 20\_\_\_\_ / 20\_\_\_\_

Name of the home department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All exchange students **must** choose one main Department where more than **50% ECTS will be achieved.**

Duration of mobility: Academic year

 Winter semester

 Spring/Summer semester

 If different, please specify: from \_\_\_\_\_\_\_\_\_\_ till \_\_\_\_\_\_\_\_\_\_\_

**FOREIGN LANGUAGE KNOWLEDGE**

|  |
| --- |
| Mother tongue: |
|  | Excellent | Very good | Good | Sufficient |
| English |  |  |  |  |
| Croatian |  |  |  |  |
| Other languages: |  |  |  |  |

* Please read the **language requirements** on our web page: <http://www.unizd.hr/eng/international-relations/student-mobility/language-requirements>

**PREVIOUS PARTICIPATION IN ERASMUS+ PROGRAMME**

Have you already participated in the Erasmus+ programme?

 YES NO

If yes, please provide mobility dates and the name of host institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOUBLE FINANCING DISCLAIMER**

**By submitting this application, under criminal and material responsibility, I declare that no other scholarship originating from the European Union was awarded to me for the purpose of mobility I am applying for.**

**CONSENT TO DISCLOSURE OF PERSONAL INFORMATION**

**By submitting this application I confirm that I have read and understood all the provisions of the Call for Applications for the Erasmus+ project No.: 2020-1-HR01-KA107-077450 and that I will comply with its terms and conditions. Also, by submitting this application I give my consent to the University of Zadar, acting as a coordinating institution, to publicly disclose my personal information and my mobility activity data before, during and after the mobility period.**

**I hereby declare that all the information provided in the application is to my best knowledge, correct and complete.**

Date and place: Student’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SENDING (HOME) INSTITUTION ENDORSEMENT:**

To be filled by the responsible person at the sending institution:

Name of the institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and surname of the responsible person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Herby I confirm that the student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (name and surname of the student) **is enrolled in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year** (year and level of study *eg. 2 MA*) **of the study programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (name of the study programme) **at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (name of the institution/university) **and therefore I endorse his/her application for Erasmus+ mobility at the University of Zadar.**

**It is also confirmed that the above mentioned student’s English language skill is equivalent to B2 level of on the CEFR\*\* scale.**

Date and place: Responsible person’s signature and stamp:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that fluent language skills are vital for successful studies at the University of Zadar. If the language requirements are not met, the University of Zadar will not accept the student and reserves the right to do so even after arrival!**

**\*\*** CEFR - *Common European Framework of Reference for Languages* URL: <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

**DOCUMENTS TO BE ATTACHED TO THE APPLICATION FORM:**

NOTE: This application should be printed, filled, signed by student and endorsed by the sending (home) institution!

1. Transcript of Records (for bachelor level: transcript of all bachelor courses taken so far; for master level: copy of bachelor diploma and transcript of both bachelor and master courses taken so far) **with explanation of the grading system**;
2. Proof of citizenship (copy of passport or ID card);
3. Motivation letter;
4. CV in the Europass Form.

These documents have to be sent in English as **PDF files** to erasmus@unizd.hr.