



SENDING INSTITUTION
CITY
INSTITUTIONAL COORDINATOR
LLP ERASMUS CODE

Accademia Ligustica di Belle Arti
Genova, Italy
Prof. Simona Barbera
I GENOVA 03

FAMILY NAME

FIRST NAME

DATE OF BIRTH

E-MAIL

MOBILE TEL.

HOME TELEPHONE NUMBER

HOME ADDRESS

LEVEL OF STUDIES

FIELD OF STUDY

LENGTH OF THE PERIOD OF STUDY

FROM

TO

LANGUAGE COMPETENCE

MOTHER TONGUE

OTHER LANGUAGES

I'M CURRENTLY STUDYING THESE LANGUAGES

I HAVE SUFFICIENT KNOWLEDGE TO FOLLOW THE LECTURES

I WOULD HAVE SUFFICIENT KNOWLEDGE TO FOLLOW LECTURES IF I HAD SOME EXTRA PREPARATION

DATE

STUDENT SIGNATURE

SENDING INSTITUTION

I hereby confirm that the above students has been officially nominated for the mobility program.
Name and signature of the Coordinator of the program at sending institution:

Date

Stamp

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application.
The applicant is provisionally accepted I Not accepted
Name and signature of the Coordinator of the program at host University:

Date

Stamp