

Allegato B



Accademia  
Ligustica di Belle Arti  
di Genova



**ERASMUS+ STUDENT APPLICATION FORM**

Sending institution: ACCADEMIA LIGUSTICA DI BELLE ARTI	City: GENOVA
Erasmus+ coordinator: Prof. Cristina Ferraro	Erasmus code: I GENOVA03

Family name	First name
Phone number	Date of birth
E-mail	Home address

Level of studies BA  MA

Field of study: \_\_\_\_\_

Period of the mobility: from \_\_\_\_\_

to \_\_\_\_\_

Receiving Institution (1st choice): \_\_\_\_\_

Receiving Institution (2nd choice): \_\_\_\_\_

Receiving Institution (3rd choice): \_\_\_\_\_

Traineeship title: \_\_\_\_\_

**Language competence**

Mother tongue: \_\_\_\_\_

Other language _____	Language level (from A1 to C2) _____	Certificate (yes or no) _____
Other language _____	Language level (from A1 to C2) _____	Certificate (yes or no) _____
Other language _____	Language level (from A1 to C2) _____	Certificate (yes or no) _____

Student signature	Date
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SENDING INSTITUTION I hereby confirm that the above student has been officially nominated for the mobility program.	
Name and signature of the Erasmus+ coordinator at the sending institution:	
Date	Signature

Contact at the Accademia Ligustica:  
Prof. Cristina Ferraro  
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