

Allegato B



Accademia
Ligustica di Belle Arti
di Genova



Erasmus+

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 study: from _____
(dd/mm/yy)

to _____
(dd/mm/yy)

Receiving Institution (1st choice): _____

Receiving Institution (2nd choice): _____

Receiving Institution (3rd choice): _____

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:
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www.accademialigustica.it