

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

Period of study: from \_\_\_\_\_

to \_\_\_\_\_

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

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) _____

Date	Student signature
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