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| **ERASMUS+ INTERNATIONAL CREDIT MOBILITY (KA107/8\_\_\_\_\_)****STUDENT MOBILITY APPLICATION FORM****STUDIES (SMS)** |
| **APPLICANT’S PERSONAL & ACADEMIC DETAILS** |
| Surname:  | First name:  |
| Father’s name & surname:  | Mother’s Name & Surname:  |
| Emergency Contact Details (Name, Surname, Telephone, Email):  |
| Sending Faculty/Department in Home University:  |
| Receiving Faculty/Department in Host University:  |
| Level of Study: [ ]  Bachelor [ ]  Master [ ]  Doctorate |
| Date of birth: / / | Nationality:  | Gender: | M [ ]  | F [ ]  |
| Home address:  | Mobile Phone:  |
| Email:  |
| Passport No: | Issue Date: / / | Expiry Date: / / |
| ΒΑΝΚ Name: | ΙΒΑΝ: | SWIFT CODE: |
| Additional Support for Disability:  | Yes [ ]  | No [ ]  |  |
| Previous ERASMUS Experience:  | Yes [ ]  | No [ ]  |
| If yes, please specify (number of months): |

**SENDING INSTITUTION**

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| Name: |
| Erasmus code (OID): | Country: |
| Address: |
| Contact Person’s Details: |

**RECEIVING INSTITUTION**

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| Institution | Country | ACADEMIC YEAR: 20…..…/20……… | Duration of stay (months) | No. of ECTS credits |
| FALL | SPRING |
| UNIVERSITY OF WEST ATTICA | GREECE |  |  |  |  |

**PERSONAL STATEMENT** (please briefly describe the reasons for applying to this University and Erasmus+ program – 50 – 60 words max).

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**APPROVALS**

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| Name of the applicant:Date: / / Signature: |
| Name of E+ ICM Sending IR:Date: / / Signature: |
| Name of E+ ICM Uniwa Institutional Coordinator:Date: / / Signature: |