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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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |