



ERASMUS STUDENT APPLICATION FORM ...... ACADEMIC YEAR Deadline:

## PLEASE USE A COMPUTER TO FILL IN THIS FORM

Passport or ID Card Number (Compulsory)	
Given Name:	
Family Name:	
Sex:	Male Female
Date of Birth:(e.g. dd-mm-yyyy)	
E-mail:	
Telephone Number: (+216)	
Address:	
Postcode:	
City:	
Country	
Level of English	A1 A2 B1 B2 C1 C2 *
Date de la derrière mission E+ (KA1 ou KA2)	

## Academic Information:

Home University:	
Faculty/ Department	
Degree:	
Level:	Undergraduates: 📄: Master 🗌 Doctorate: 🗌 Staff Aca: 🗌 Staff Adm: 🗌
Check list	Application form

Host University:	
Faculty/ Department	
Degree:	
Level:	Undergraduates:  : Master  Doctorate:  Staff Aca:  Staff Adm:

Student's Signature:

PHD responsible's Signature:

**Stamp** of the Higher Institution:

This application must be completely filled out and signed