



*Ministero dell'Istruzione, dell'Università e della Ricerca*

*Alta Formazione Artistica e Musicale*

**ACCADEMIA DI BELLE ARTI DI LECCE**

Via Libertini, 3 - 73100 Lecce - Tel. 0832/258611 - 0832/258636

[infosegreteria@accademialecce.it](mailto:infosegreteria@accademialecce.it) - [www.accademialecce.it](http://www.accademialecce.it)



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**ACCADEMIA DI BELLE ARTI DI Lecce**

**ERASMUS+ PROGRAMME  
STUDENT APPLICATION FORM  
ACADEMIC YEAR 2021/2022**

(Photograph)

**SENDING INSTITUTION**

.....- Faculty of..... Address: ..... E-mail: <a href="http://www.....">http://www.....</a>
Institutional Erasmus Co-ordinator: Prof. Tel: Fax E-mail:

**STUDENT'S PERSONAL DATA**

to be completed by the applying student

Family name: Date of birth: Sex:	First name (s): Place of birth: Citizenship: Registration number:
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Nationality:  Current address: Current address is valid until:  Tel.: Fax: E-mail:.....	Permanent address (if different):
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**LANGUAGE COMPETENCE**

to be completed by the applying student and in case certificated	to be completed by the Faculty after a test of the host's country language						
Sufficient knowledge	Additional linguistic preparation required						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">to follow lectures</td> <td style="width: 50%; text-align: center;">to write reports</td> </tr> </table>		to follow lectures	to write reports				
to follow lectures	to write reports						
Other languages:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">yes</td> <td style="width: 25%; text-align: center;">no</td> <td style="width: 25%; text-align: center;">yes</td> <td style="width: 25%; text-align: center;">no</td> <td style="width: 25%; text-align: center;">yes</td> <td style="width: 25%; text-align: center;">no</td> </tr> </table>	yes	no	yes	no	yes	no
yes	no	yes	no	yes	no		
.....							
.....							
.....							
.....							

**STUDENT'S ACADEMIC DATA**

to be completed by the applying student

Degree <input type="checkbox"/>	
Post graduate <input type="checkbox"/>	
Degree/Post-graduate course title:.....	
- First level (cycle)/Degree Course <input type="checkbox"/>	- Second level (cycle)/Specialized Degree Course <input type="checkbox"/>
- Third level (cycle)/PhD/Doctorate level <input type="checkbox"/>	
Duration in years:.....	Area of studies:                      Year of academic enrolment:
Number of passed exams:	Number of credits obtained:                      Average grade:



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**STUDENT TRANSCRIPT OF RECORDS**

to be completed by the applying student

Course title:	Local grade:.	Credits:

**PREVIOUS STUDY ABROAD**

to be completed by the applying student

Have you already been studying abroad?	Yes	No
In which country? ..... At which institution? ..... When? ..... How long? .....		

**PROPOSED STUDY PERIOD ABROAD**

to be completed by the applying student

Duration of study period: ..... Beginning date: ..... Conclusion date: .....
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**ACCOMMODATION**

Precise date of arrival: .....	
Accommodation	yes      no
Hall of residence	Flat      Family house
Date: .....	Student's signature:.....

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

to be completed by the applying student

Type of work experience	Firm/Organization	Period	How long	Country
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**COMPUTER SKILLS**

to be completed by the applying student

I am unable to use the computer		I have a basic knowledge of computing ....	
<b>I AM ABLE TO USE THE FOLLOWING PROGRAMMES:</b>			
Word processor:	Office	Others: .....	Internet
Database:	Excel	FileMaker	Others: .....
Statistical packages:	.....	.....	Others: .....

In order to help Erasmus candidates, I authorize the use of my personal data (Italian Data Protection Act no. 196/03).

DATE .....

SIGNATURE OF APPLICANT .....



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**Decision from Receiving Erasmus Coordinator**

**I hereby acknowledge receipt of this application form and the attached candidate's Learning Agreement.**

**The above mentioned student is:** Accepted  Not accepted

Date: .....

Erasmus Co-ordinator's signature: .....