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## WESTERN SERBIA ACADEMY OF APPLIED STUDIES

### STUDENT APPLICATION FORM

### ERASMUS+ MOBILITY PROGRAMME

#### PERSONAL INFORMATION

NAME AND SURNAME:	
DATE OF BIRTH:	
PLACE AND COUNTRY OF BIRTH:	
CITIZENSHIP:	
Unique Personal Identification Number:	
CURRENT ADDRESS:	
PERMANENT ADDRESS:	
PHONE NUMBER:	
E-MAIL ADDRESS:	
Are you submitting a proof of belonging to target groups for inclusion?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Are you submitting a proof of disability?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>

#### ACADEMIC INFORMATION -SENDING INSTITUTION

DEPARTMENT:	
STUDY PROGRAMME:	
CURRENT YEAR OF STUDY:	BACHELOR'S DEGREE: MASTER'S DEGREE:
Have you received an Erasmus+ scholarship before?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>

If YES, please enter the name of the host institution and your level of studies during the mobility:	NAME: LEVEL:
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### ACADEMIC INFORMATION – HOST (RECEIVING) INSTITUTION

NAME OF UNIVERSITY:	
NAME OF FACULTY/DEPARTMENT:	
STUDY PROGRAMME:	

### DESIRED COURSES – compatible with courses offered at the home institution

Course Code	Course Title	ECTS credits
Total No. of ECTS credits:		

### STUDENT’S FOREIGN LANGUAGE PROFICIENCY LEVEL

ENGLISH LANGUAGE	BEGINNER: A1 <input type="checkbox"/> A2 <input type="checkbox"/>	INTERMEDIATE: B1 <input type="checkbox"/> B2 <input type="checkbox"/>	ADVANCED: C1 <input type="checkbox"/> C2 <input type="checkbox"/>
Other language: <a href="#">Click here to enter text.</a>	BEGINNER: A1 <input type="checkbox"/> A2 <input type="checkbox"/>	INTERMEDIATE: B1 <input type="checkbox"/> B2 <input type="checkbox"/>	ADVANCED: C1 <input type="checkbox"/> C2 <input type="checkbox"/>

- I hereby state that my study period abroad within Erasmus+ shall not be financed by other sources originating from the EU funds.
- I hereby confirm that the documents submitted in the application are true and correct and that the data they provide can be used by the persons authorised to check, process, keep and use them for the purposes of participation in the Erasmus+ Call and Erasmus+ mobility.

Date and place:

Full name:

[Click here to enter text.](#)

[Click here to enter text.](#)