



**STUDENT APPLICATION FORM**

ERASMUS+ PROGRAMME KA131

**General data**

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| --- | --- |
| NAME AND SURNAME: | Click here to enter text. |
| DATE OF BIRTH: | Click here to enter a date. |
| PLACE AND STATE OF BIRTH: | Click here to enter text. |
| CITIZENSHIP: | Click here to enter text. |
| Unique Personal Identification Number (JMBG): | Click here to enter text. |
| GENDER: | Choose an item. |
| CURRENT ADDRESS: | Click here to enter text. |
| PERMANENT ADDRESS (if different): | Click here to enter text. |
| VALID PHONE NUMBER: | Click here to enter text. |
| E-MAIL: | Click here to enter text. |

**Academic information (HOME UNIVERSITY: University of Novi Sad)**

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| FACULTY: | Choose an item. |
| DEPARTMENT / UNIT: | Click here to enter text. |
| STUDY PROGRAMME: | Click here to enter text. |
| **CURRENT** LEVEL OF STUDY:  | Choose an item. |
| **PLANNED** LEVEL OF STUDY DURING MOBILITY:  | Choose an item. |
| CURRENT YEAR OF STUDIES: | Choose an item. |
| GRADE POINT AVERAGE at the current level: | Click here to enter text. |
| HAVE YOU EVER RECEIVED **ERASMUS+ SCHOLARSHIP**? | Choose an item. |
| **IF YES**, ENTER: | NAME OF UNIVERSITY | LEVEL OF STUDY DURING MOBILITY | DURATION (in months) |
| Click here to enter text. | Choose an item. | Choose an item. |
| ARE YOU SUBMITTING PROOF OF FEWER OPPORTUNITIES CATEGORY, AS DESCRIBED IN THE CALL? | Choose an item. |
| ARE YOU SUBMITTING PROOF OF STUDENT WITH DISABILITY, AS DESCRIBED IN THE CALL? | Choose an item. |

**Academic information (HOST UNIVERSITY)**

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| HOST UNIVERSITY: | NAME OF UNIVERSITY | STUDY PROGRAMME | COUNTRY |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| PLANNED PERIOD OF MOBILITY: | Other |
| PLANNED DATES OF MOBILITY  | Click here to enter text. |
| SUBJECT CODE OF THE FIELD OF MOBILITY ([*http://www.uis.unesco.org/Education/Pages/international-standard-classification-of-education.aspx*](http://www.uis.unesco.org/Education/Pages/international-standard-classification-of-education.aspx)) | Click here to enter text. |
| PLANNED DURATION OF MOBILITY (**in months – covering the proposed Learning Agreement**) | MOBILITY FOR STUDIES | MOBILITY FOR TRAINEESHIPS  |
| Choose an item. | Choose an item. |
| ARE YOU APPLYING FOR **2** UNIVERSITIES in this Call? | Choose an item. |
| **IF YES**, YOU ARE **OBLIGED** TO: | SUBMIT **2** SEPARATE COMPLETE APPLICATIONS! |
| **ENTER 1ST CHOICE (priority)**  | **ENTER 2ND CHOICE** |
| Click here to enter text. | Click here to enter text. |
| CAN YOU FOLLOW THE **FOREIGN LANGUAGE** OF INSTRUCTION, IN WHICH YOUR CHOSEN SUBJECTS IN THE LEARNING AGREEMENT/AGREEMENT ON TRAINEESHIP ARE DELIVERED? | Choose an item. | Choose an item. |
| PLEASE INDICATE THE SELECTED MOBILITY LANGUAGE | Click or tap here to enter text. | Click or tap here to enter text. |

**Before submitting your application, you are obliged to read and understand UNS Regulation for Erasmus+ (criteria for evaluation):**<http://www.uns.ac.rs/index.php/univerzitet/dokumenti/send/35-pravilnici/332-pravilnik-erazmus-projekti-mobilnosti>

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| **CHECKLIST:** | [ ]  Student Application Form  |
| [ ]  CV |
| [ ]  Passport scan |
| [ ]  Transcript of records (all available levels of study)  |
| [ ]  Degrees obtained (when applicable, all available degrees)  |
| [ ]  E+ Learning Agreement or E+ Traineeship Agreement (**\***for **Faculty of Technical Sciences**, **also** **Podloga za učenje**)  |
| [ ]  Proof of foreign language in which mobility is conducted (with indication of the level)  |
| [ ]  Proof of English language (**if** different from proof of foreign language in which mobility is conducted) |
| [ ]  Proof of international activities (if available, read **UNS Regulations**)  |
| [ ]  Proof of ESN participation (if available, read **UNS Regulations**)  |
| [ ]  Motivation letter |
| [ ]  Any other document required by a specific HOST university indicated in the call (acceptance from a PhD supervisor, etc) |
| [ ]  Signed Statement of Data Protection Compliance  |
| [ ]  Personal ID  |
| [ ]  Adequate proof of belonging to the group of fewer opportunities (INCLUSION), as described in the call (if applicable) |
| [ ]  Adequate proof of student with disability, as described in the call (if applicable) |

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: Click here to enter text.