

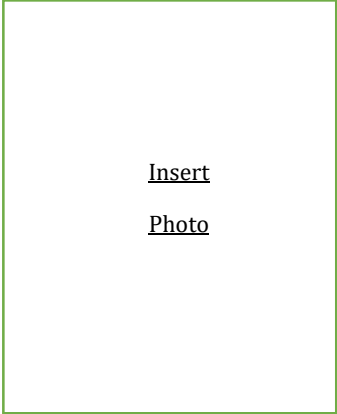


Application form for study mobility

20 . /20 . Acad. Y.

- Within bilateral agreement
- Within Erasmus+ worldwide program

- Surname Name
- Birth date Citizenship
(dd/mm/yyyy)
- Phone
- E-mail
- Place of residence LV-
- Home address
- Study program
- Study level: undergraduate master doctoral
- Contact person in case of Emergency (name, surname, phone, e-mail, kinship)
- Previous participation in Erasmus/ Erasmus+ / Erasmus Mundus programs:



Insert
Photo

YES study mobility traineeship Acad. Year Gads 20 /20 Duration (months)
City, Country

NO

I apply for study mobility to:

- Host University
- Planned study period

From (month, year) **20** **Till** (month, year) **20**

- Language of instruction at the Host University:

I hereby declare that all provided information is correct. I have read and understand overall regulations of mobility program and I commit to comply with them.

Students signature

Date

Faculty coordinator's signature

Date