

Application form for study mobility 20 ./20 . Acad. Year. Within bilateral agreement • Within Erasmus+ worldwide program 1. Surname <u>Name</u> <u>Photo</u> 2. Birth date **Citizenship** (dd/mm/yyyy) 3. Phone 4. E-mail LV-5. Place of residence 6. Home address Study program 7. 8. Study level: undergraduate doctoral master 9. Contact person in case of Emergency (name, surname, phone, e-mail, kinship) 10. Previous participation in Erasmus/ Erasmus+/ Erasmus Mundus programs: YES study mobility traineeship Acad. Year Gads 20 /20 Duration (months) City, Country NO I apply for study mobility to: 1. Host University 2. Planned study period From 20 Till 20 (month, year) (month, year) 3. 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.

Student's signature

Date