**Allegato C**



photograph

STUDENT APPLICATION FORM/ ERASMUS ECTS

**ACADEMIC YEAR: 2015/2016**

**FIELD OF STUDY:**

This application should be completed in BLACK and Block letters in order to easily copied and/or telefaxed.

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| **SENDING ISTITUTION:**  **Conservatorio di Musica “S. Giacomantonio” – Portapiana – Convento di S. Maria delle Grazie – 87100 - Cosenza**  **Tel: +39 0984 76627 - fax: +39 0984 29224** |
| Erasmus ID Code**: I COSENZA 03**  Institutional coordinator- name, telephone and fax numbers, e-mail:  **M° Antonella Calvelli** – **Tel: +39 0984 76627 - fax: +39 0984 29224 e-mail:** [**Erasmus@conservatoriodicosenza.it**](mailto:Erasmus@conservatoriodicosenza.it) |

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| **STUDENT’S PERSONAL DATA**  **(to be completed by the student applying)** | |
| **Family name**:  **Date of birth**:  **Sex**:  Male  Female  **Current address**:    **Current address is valid until**:  **Tel.:+**  **Fax: +**  **E-mail**: | **First name**(s):  **Place of birth**:  **Nationality**:  **Permanent address** (if different):    **Tel.**:+  **Fax:** +  **E-mail**: |

**LIST OF INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Institution** | **Country** | **Period of study**  **from to** | | **Duration of stay (months)** | **No. of expected ECTS credits** |
| 1.  2.  3. |  |  |  |  |  |

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| Name of student: : |
| Sending institution **Conservatorio di Musica “S. Giacomantonio” – Portapiana – Convento di S. Maria delle Grazie – 87100 - Cosenza**  Briefly state the reasons why you wish to study abroad: |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mother tongue:       Language of instruction at home institution (if different): | | | | |
| **Other languages** | **I have sufficient knowledge to follow lectures** | | **I need some extra preparation** | |
|  | **YES** | **NO** | **YES** | **NO** |
|  |  |  |  |

WORK ESPERIENCE RELATED TO CURRENT STUDY (if relevant)

|  |  |  |  |
| --- | --- | --- | --- |
| **Work experience/ position** | **Firm / organization** | **Dates** | **Country** |
|  |  |  |  |

**PREVIOUS AND CURRENT STUDY**

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| --- |
| **Diploma/degree for which you are currently studying:**  **Number of higher education study years prior to departure abroad:**  **Have you already been studying abroad? Yes**  **No**  **If Yes, when? At which institution**  **The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.** |

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| **Student’s Signature: Date:** |
| **RECEIVING INSTITUTION**  **We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records.**  **The above- mentioned student is**  **provisionally accepted at our institution**  **not accepted at our institution**  Departmental coordinator’s signature Institutional coordinator’s signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |