**2017/2018**

**UNIVERSITY OF NOVI SAD**

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| APPLICATION FORM FOR ERASMUS+ OUTGOING STUDENT EXCHANGE  |

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| NAME AND SURNAME: |  |
| DATE OF BIRTH: |  |
| PLACE AND STATE OF BIRTH: |  |
| CITIZENSHIP: |  |
| Unique Personal Identification Number (JMBG): |  |
| SEX: | M | F |
| CURRENT ADDRESS: |  |
| PERMANENT ADDRESS (if different): |  |
| TELEPHONE AND MOBILE PHONE: |  |
| E-MAIL:(valid e-mail, preferably on UNS network) |  |

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| HOME UNIVERSITY: UNIVERSITY OF NOVI SAD |

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| HOME FACULTY: |  |
| DEPARTMENT AND STUDY PROGRAMME: |  |
| **CURRENT** LEVEL OF STUDY: (Bachelor, Master, PhD) |  |
| **PLANNED** LEVEL OF STUDY DURING MOBILITY: (Bachelor, Master, PhD) |  |
| CURRENT YEAR: |  |
| GRADE POINT AVERAGE: |  |
| HAVE YOU ALREADY BEEN STUDYING ABROAD? IF YES, AT WHICH UNIVERSITY? |  |
| HAVE YOU ALREADY RECEIVED AN EU MOBILITY GRANT? IF YES, WHICH ONE? |  |
| HAVE YOU ALREADY RECEIVED AN ERASMUS+ GRANT? IF YES, WHEN AND FOR WHICH LEVEL OF STUDY? |  |

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| HOST UNIVERSITY:  |

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| HOST UNIVERSITY / COUNTRY: |  |
| HOST FACULTY: |  |
| STUDY PROGRAMME (AND SUBJECT CODE) |  |
| MOBILITY DURATION IN MONTHS: |  |
| MOBILITY SEMESTER (WINTER / SPRING / WHOLE YEAR)  |  |
| *PURPOSE OF YOUR MOBILITY please indicate either a) or b) or both* |
| **a)** **ATTENDANCE OF COURSES** (if yes, please specify the courses you would like to attend in a separate document – proposal of the Learning Agreement) |  |
| HAS THE ERASMUS+ OR ECTS ACADEMIC COORDINATOR AT YOUR FACULTY CONFIRMED THE COMPATIBILITY OF THE STUDY PROGRAMMES?  |  |
| NAME OF THE ERASMUS+ OR ECTS ACADEMIC COORDINATOR AT YOUR FACULTY: |  |
| **b)** **PART OF WRITING THE FINAL THESIS** (if yes, please give the name of the mentor at the home institution and specify the area research for the thesis) |  |
| HAVE YOU ALREADY FOUND THE MENTOR AT THE HOST INSTITUTION? |  |

**PLEASE LIST THE ERASMUS+ CALLS (MAXIMUM 3 PER SEMESTER) YOU ARE CURRENTLY APPLYING FOR IN ORDER OF PRIORITY:**

|  |  |
| --- | --- |
| **Order of priority** | **Name of host university/country** |
| **1** |  |
| **2** |  |
| **3** |  |

**FOREIGN LANGUAGE COMPETENCE**

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| CAN YOU FOLLOW THE LANGUAGE IN WHICH THE STUDY PROGRAMME YOU WOULD LIKE TO ATTEND IS DELIVERED AT THE HOST UNIVERSITY? |  |

How would you describe your foreign language competence in terms of the Common European Framework of Reference for Languages (e.g. A1, A2, B1, B2, C1, C2)

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| --- | --- | --- | --- | --- | --- |
| No: | FOREIGN LANGUAGE | LISTENING | READING | SPEAKING | WRITING |
|  |  |  |  |  |  |
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Please state all the documents you are submitting together with the application form:

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| 1) 2) 3) 4) Etc. |

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| **I hereby state that my study period abroad within Erasmus+ shall not be financed by other sources originating from the EU funds.**Signature:  |

Place and date: