UNIVERSITÀ DEGLI STUDI FIRENZE | Scuola di Studi Umanistici e della Formazione

UNIVERSITY OF FLORENCE

ERASMUS+
STUDENT MOBILITY PROPOSAL
ENROLMENT FORM

(photo)

PUT INSIDE YOUR PHOTO

ACADEMIC YEAR 2022 / 2023
ANNO ACCADEMICO

FIELD OF STUDY (ISCED code): .....
CODICE ISCED

COMPLETE WITH ISCED CODE
(Ask confirmation to your Erasmus delegate)

01 Education	011 Education	0111 Education science 0112 Training for pre-school teachers 0113 Teacher training without subject specialization 0114 Teacher training with subject specialization
02 Arts and humanities	021 Arts	0211 Audio-visual techniques and media production 0212 Fashion, interior and industrial design 0213 Fine arts 0214 Handicrafts 0215 Music and performing arts
	022 Humanities (except languages)	0221 Religion and theology 0222 History and archaeology 0223 Philosophy and ethics
	023 Languages	0231 Language acquisition 0232 Literature and linguistics

UNIVERSITÀ DEGLI STUDI FIRENZE

HOME INSTITUTION: INFORMATION ABOUT YOUR UNIVERSITY

This application should be completed in BLACK in order to be easily copied and/or telefaxed.
Si prega di compilare questa domanda in **NERO** per facilitarne la copiatura e/o la trasmissione via fax.n.b.: SCRIVERE IN stampatello o a macchina

HOME INSTITUTION CODE: .....
Name and full address:.....
.....
.....
Departmental coordinator of the programme:.....
phone: ..... fax: .....e-mail:.....
Institutional coordinator of the programme:.....
telephone : .....telefax : ..... e-mail :.....
COORDINATOR'S SIGNATURE STAMP OF THE HOME INSTITUTION or Erasmus Office
....
(APPLICATION NOT ACCEPTED IF MISSING)

CODE:
ERASMUS CODE OF YOUR HOME INSTITUTION
(e.g. D MAINZ 01)

ONLY **ORIGINAL** SIGNATURE AND STAMP
(Not accepted scanned signature/stamp)

STUDENT'S PERSONAL DATA: INFORMATION ABOUT YOU

STUDENT'S PERSONAL DATA Registration N.:.....
Family name: ..... First name(s): ..... Sex:.....
Cognome Nome Sesso
Date of birth: ..... Place of birth: ..... Nationality:.....
Data di nascita Luogo di nascita Cittadinanza
Current address: ..... Permanent address (if different): .....
....
....
Tel.: ..... e-mail.:.....

REGISTRATION N.:
IS YOUR INDICATOR NUMBER AT YOUR INSTITUTION

UNIVERSITÀ DEGLI STUDI FIRENZE

HOST INSTITUTION: COORDINATOR

Donatella Pallotti
AREA UMANISTICA
(Humanities Area)

Rossella Certini
AREA DELLA FORMAZIONE
(Education Area)

PERIOD OF STUDY:

1st SEMESTER:
from September to February
2nd SEMESTER:
from March to July

DURATION OF STAY:

THE PERIOD OF OUR AGREEMENT

Host Institution Istituzione ospitante	Country Paese	Period of study periodo	Duration of stay (months)	expected ECTS credits
UNIVERSITA' di FIRENZE Scuola degli studi Umanistici e della Formazione **School:** …… **Erasmus coordinator of the programme:** ……	Italy	from (da) …… to (a) ……	Durata del soggiorno (mesi) ……	crediti ECTS previsti ……

ECTS:

NUMBER OF ECTS

RECEIVING INSTITUTION ~~*NOT to be filled in by the applicant!*~~

We hereby acknowledge receipt of the application
Confermiamo con la presente di aver ricevuto la domanda

☐ provisionally accepted at our institution.
provvisoriamente accettato/a presso la nostra istituzione.

The above-mentioned student is
Lo studente summenzionato

☐ not accepted at our institution.
non è accettato presso la nostra istituzione

Erasmus Coordinator
Il delegato Erasmus
Signature: …… STAMP
Date: ……

Date: ……

NOTHING

DATA FOR THE ENROLMENT: ~~*To be filled in ONLY after arrival*~~
Date of beginning of the study period at the University of Florence: ……

Erasmus coordinator of the programme or Erasmus delegate
Signature: …… STAMP Date: ……:

NOTHING

UNIVERSITÀ DEGLI STUDI FIRENZE

INFORMATION ABOUT YOU

Name of student: ..... Registration N°: .....
Nome e cognome dello studente N° di matricola

Home institution:..... Country : .....
Istituzione di origine Paese

Main reasons why I wish to study abroad:
Principali motivi dello studio all'estero

.....

.....

If necessary, continue on a separate sheet

CURRENT AND PREVIOUS STUDY
STUDI ATTUALI E PRECEDENTI

Iscritto(a) al Corso di laurea/diploma in

Diploma/degree for which I am currently studying: .....
Durata legale del corso

Duration of course: ..... years Years of study prior to departure abroad : .....

I have already been studying abroad. Yes No
Precedenti soggiorni di studio all'estero

If Yes, when? .....
Se si, quando?

At which institution?.....
Presso quale istituzione?

I have benefited of Erasmus status before: Yes No
Ho beneficiato dello status di studente Erasmus in precedenza:

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)
ESPERIENZE DI LAVORO (se rilevanti ai fini degli studi intrapresi)

Type of work experience Tipo di lavoro svolto	Company / organization Ditta / Ente	dates periodo	country paese
……..	……..	……	……
……..	……..	……	……

UNIVERSITÀ DEGLI STUDI FIRENZE

LANGUAGE COMPETENCE

CONOSCENZA LINGUISTICA

D I	Livello di conoscenza proficiency Languages Lingue straniere	Mother tongue Lingua madre	Excellent Ottima	Good Buona	Fair Media
F	Italiano				
I	English				
R	Français				
E	Deutsch				
N	Español				
Z	Other:				
E	Other:				

FILL IT BY YOUR LANGUAGE COMPETENCE

Language of instruction at home institution (only if different from mother tongue)

.....

SPECIFY YOUR LANGUAGE OF INSTRUCTION

Lingua di insegnamento nell'università di origine (solo se diversa dalla lingua madre)

Information concerning the Italian Privacy Protection Law (Art. 13 of the Leg.Decree nr. 196 of June 30, 2003)
The University of Florence will process the personal data provided in the present form exclusively for Erasmus –related procedures and in compliance with its institutional aims.

Communication and diffusion of Personal Information
According art. 11 of the Regulations for the implementation of the Personal Data Protection Code, I herewith **authorize** the University of Florence to process and communicate my personal data to the Public or Private Bodies which will request them, with the aim of implementing orientation, education, professional training and employment opportunities, also abroad, for young students and graduates.

YES ☒ X NO ☐

FILL IT BY MARKING YES

Date _____

Signature_____

PUT YOUR ORIGINAL SIGNATURE