



UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

**Scuola di Studi  
Umanistici e  
della Formazione**



# HOW TO FILL IN YOUR ENROLMENT FORM

PUT IN THE ACADEMIC YEAR of  
your study abroad period

**ERASMUS+  
STUDENT MOBILITY PROPOSAL  
ENROLMENT FORM**

**ACADEMIC YEAR** ..... / .....  
ANNO ACCADEMICO

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

WRITE THE ISCED CODE (ASK YOUR  
ERASMUS COORDINATOR if not sure)

PUT YOUR PASSPORT  
PHOTO HERE

(photo)

# COMPLETE WITH INFO ABOUT YOUR UNIVERSITY

CODE: ERASMUS CODE OF YOUR HOME  
INSTITUTION

<b>HOME INSTITUTION</b>		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)		

Your coordinator's SIGNATURE AND STAMP  
(ALSO SCANNED)

# WRITE YOUR PERSONAL DATA

REGISTRATION N.: PUT IN YOUR STUDENT NUMBER AT YOUR HOME INSTITUTION

<b>STUDENT'S PERSONAL DATA</b>			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: .....

**PERIOD OF STUDY:**  
 1° SEMESTER → FROM SEPTEMBER TO FEBRUARY  
 2° SEMESTER → FROM FEBRUARY TO JULY or FULL YEAR

**PERIOD OF YOUR STAY**

**NUMBER OF ECTS**

**INFORMATION ABOUT HOST INSTITUTION**

Host Institution Istituzione ospitante	Country Paese	Period of study periodo		Duration of stay (months)	expected ECTS credits crediti ECTS previsti
		from (da)	to (a)	Durata del soggiorno (mesi)	
<b>UNIVERSITA' di FIRENZE</b>	Italy	.....	.....	.....	.....
School: ..... Erasmus coordinator of the programme: .....					



**SCHOOL:**  
 Scuola di Studi Umanistici e della Formazione

**COORDINATORS**

Monica Ballerini  
 AREA UMANISTICA  
 (HUMANITIES AREA)

Donatella Pallotti  
 AREA LINGUE  
 (LANGUAGES AREA)

Rossella Certini  
 AREA DELLA FORMAZIONE  
 (EDUCATION AREA)

**DO NOT**  
**FILL IN THIS**  
**SECTIONS**



**RECEIVING INSTITUTION**

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.

Erasmus Coordinator

Il delegato Erasmus

Signature: ..... STAMP

Date: .....

*NOT to be filled in by the applicant!*

The above-mentioned student is

Lo studente ~~summenzionato~~

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

Date: .....

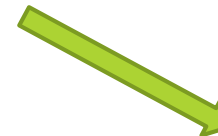
# COMPLETE WITH YOUR LANGUAGE COMPETENCE

## LANGUAGE COMPETENCE

### CONOSCENZA LINGUISTICA

	Livello di conoscenza proficiency	Mother tongue Lingua madre	Excellent Ottima	Good Buona	Fair Media
D I	Languages Lingue straniere				
F	Italiano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	Français	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Deutsch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Español	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z	Other: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Other: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language of instruction at home institution (only if different from mother tongue) .....  
 Lingua di insegnamento nell'università di origine (solo se diversa dalla lingua madre)



WRITE YOUR LANGUAGE OF INSTRUCTION  
 ONLY IF DIFFERENT FROM MOTHER TONGUE



# END BY SIGNING THE FORM

**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.

Date \_\_\_\_\_

YES  NO

Signature \_\_\_\_\_



MARK YES



SIGN THE FORM  
(ALSO SCANNED  
SIGNATURE)





UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

**Scuola di Studi  
Umanistici e  
della Formazione**

International Relations Office  
School of Humanities and  
Education  
[erasmus@st-umaform.unifi.it](mailto:erasmus@st-umaform.unifi.it)