 

ACCADEMIA DI BELLE ARTI DI NAPOLI

**EXCHANGE STUDENT INCOMING**

**Within the Program Erasmus+Progetto n. KA131**

**Erasmus +Student mobility**

***APPLICATION FORM***

**STUDENT’S PERSONAL DATA** *(to be completed by the student applying mandatory)*

|  |  |
| --- | --- |
| Family name:  PHOTO  First name:  Sex:  Nationality:  Date of birth:  City of birth:  Current address:  E-mail:  Telephone number: | |
| Department  School  Year  Ofyou current study |  |
| Approximative length of stay | First semester[ ] Second semester [ ]Full year [ ] |

**THIS APPLICATION IS APPROVED BY THE SENDING INSTITUTION’S DATA**

|  |  |
| --- | --- |
| Name sending institutions  Address | **Accademia di Belle Arti di Napoli**  Via Costantinopoli, 107/a - 80138 NAPOLI - Tel. +39 081/441900 |
| Name responsible Erasmus at the receiving Institution  E-mail | **Prof.ssa Mariateresa Girosi**  Signature and stamp  [erasmus@accademiadinapoli.it](mailto:erasmus@accademiadinapoli.it) |

**THIS APPLICATION IS APPROVED BY THE RECEIVING INSTITUTION’S DATA**

|  |  |
| --- | --- |
| Name institutions  Address |  |
| Name responsible Erasmus at the receiving Institution  E-mail | Signature and stamp |

**Application documents (to send by e-mail):**

* Learning agreement
* Portfolio
* Italian linguage certificate (at least A1)

Date: