 

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: PHOTOFirst name: Sex: Nationality:Date of birth: City of birth: Current address: E-mail:Telephone number: |
| DepartmentSchoolYearOfyou current study |  |
| Approximative length of stay | First semester[ ] Second semester [ ]Full year [ ] |

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

|  |  |
| --- | --- |
| Name sending institutionsAddress | **Accademia di Belle Arti di Napoli**Via Costantinopoli, 107/a - 80138 NAPOLI - Tel. +39 081/441900 |
| Name responsible Erasmus at the receiving InstitutionE-mail  | **Prof.ssa Mariateresa Girosi**Signature and stamperasmus@accademiadinapoli.it |

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

|  |  |
| --- | --- |
| Name institutionsAddress |  |
| Name responsible Erasmus at the receiving InstitutionE-mail  |  Signature and stamp |

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

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

Date: