

**ERASMUS+ KA1  
APPLICATION FORM FOR STUDENT/TRAINEESHIP MOBILITY  
Academic Year: 20..... – 20....**

**Type of activity interested in:**

- Study mobility at a partner institution abroad 
  - Fall
  - Spring
  
- Traineeship in a workplace abroad as a current student 
  - Fall
  - Spring
  - Summer
  
- Traineeship in a workplace abroad as a recent graduate 
  - Starting – ending dates of traineeship: .....

Surname: ..... Name: .....  
 Date of Birth: ..... Nationality: .....  
 Home Address: ..... Mobile phone: .....  
 Student ID: ..... Email: .....  
 Program of Study: ..... Study Cycle: (Bachelor  Master   
 PhD )  
 Year of Study: .....  
 Foreign Languages: (a) ..... (b) ..... (c) .....  
 Prior participation in Erasmus+ activities: Yes  No

**Study Mobility**

I am interested in joining the following institution for my Erasmus+ mobility (please prioritize options):

Host University	Country	Nomination deadline at the Host University

**Traineeship Mobility**

I am interested in joining the following organization for my Erasmus+ traineeship:

Host Organization	Country