

**STUDENT APPLICATION FORM**

for student exchange within Erasmus+ KA1 program

|                                                                                                               |   |   |
|---------------------------------------------------------------------------------------------------------------|---|---|
| NAME AND SURNAME:                                                                                             |   |   |
| DATE AND PLACE OF BIRTH:                                                                                      |   |   |
| CITIZENSHIP:                                                                                                  |   |   |
| PASSPORT NUMBER AND VALIDITY:                                                                                 |   |   |
| CURRENT ADDRESS:                                                                                              |   |   |
| PERMANENT ADDRESS (if different):                                                                             |   |   |
| TELEPHONE AND MOBILE PHONE:                                                                                   |   |   |
| E-MAIL:                                                                                                       |   |   |
| SEX:                                                                                                          | M | F |
| HAVE YOU ALREADY BEEN STUDYING ABROAD?<br><u>If yes, when, through which program and at which university?</u> |   |   |

HOME UNIVERSITY: UNIVERSITY OF KRAGUJEVAC

|                                         |  |
|-----------------------------------------|--|
| HOME FACULTY:                           |  |
| DEPARTMENT AND STUDY PROGRAMME:         |  |
| LEVEL OF STUDY: (Bachelor, Master, PhD) |  |
| CURRENT YEAR OF STUDIES:                |  |
| GRADE POINT AVERAGE:                    |  |

HOST UNIVERSITY: \_\_\_\_\_

|                                                      |  |
|------------------------------------------------------|--|
| HOST FACULTY:                                        |  |
| STUDY PROGRAMME:                                     |  |
| ACADEMIC YEAR of your mobility:                      |  |
| MOBILITY SEMESTER:<br>(WINTER / SPRING / WHOLE YEAR) |  |
| MOBILITY DURATION IN MONTHS:                         |  |



**Motivation:** Briefly state the reasons why you wish to study abroad? How would this mobility benefit to your current and/or future studies and career plans?

### FOREIGN LANGUAGE(S) COMPETENCES

How would you describe your foreign language competence in terms of the [Common European Framework of Reference for Languages](#) (A1, A2, B1, B2, C1, C2)

#### Self-assessment of language skills

|          | Understanding                                                                                    |                                                                                                | Speaking                                                                                                  |                                                                                                            | Writing                                                                                          |
|----------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Language | <br>Listening | <br>Reading | <br>Spoken interaction | <br>Spoken production | <br>Writing |
|          |                                                                                                  |                                                                                                |                                                                                                           |                                                                                                            |                                                                                                  |
|          |                                                                                                  |                                                                                                |                                                                                                           |                                                                                                            |                                                                                                  |
|          |                                                                                                  |                                                                                                |                                                                                                           |                                                                                                            |                                                                                                  |

I, the undersigned, certify that all information herein is correct to the best of my knowledge and that I am aware of the eligibility criteria for obtaining Erasmus+ scholarship and that I have not benefited in the past from an Erasmus+ or Erasmus Mundus scholarship for the same type of mobility.

Signature:

Place and date: