

## STUDENT APPLICATION FORM ERASMUS+ For TRAINEESHIP

Please attach a  
recent passport  
photograph

### ACADEMIC YEAR 20.../20...

Study Programme: (*bachelor or master*) .....

Principal study subject: .....

All applications for exchange programmes must be made through the International Exchange Co-ordinator in the home institution. This application should be completed in BLACK.

### Home Institution

Istituto Superiore di Studi Musicali "Arturo Toscanini"

Erasmus ID Code: **I AGRIGEN02**

Tel: +39 0925 61280

Erasmus Coordinator: **prof. Mariangela Longo**

E-mail: **erasmus@istitutotoscanini.it**

Director: **M° Riccardo Ferrara**

### STUDENT

Family name: .....

First name(s): .....

Date of birth: ..... Age: ....

Place of Birth: .....

Sex: ☐ Male ☐ Female

Nationality: ITALIAN.....

Current address: .....,

.....

.....

C.F.

Tel.: +39 .....

E-mail: .....

### Previous/Current studies

Diploma/degree for which you are currently studying: .....

Professor in main field of study: .....

Number of higher education study years prior to departure abroad: ....

Details not known at the time of application should be provided at a later stage.

## I. PROPOSED MOBILITY PROGRAMME

Planned mobility period	from [month/year]_____ till [month/year]_____
Traineeship proposed (title, description and activities, knowledge, skills and competences to be acquired by the trainee at the end of the traineeship)	

## Linguistic skills

	A1	A2	B1	B2
Inglese				
Tedesco				
Francese				
Spagnolo				
Altra: _____				

Please explain why you wish to study abroad

.....

## FUNDING

Have you already been studying abroad with an ERASMUS grant?    Yes ☐      No ☒

Do you wish to apply for an Erasmus mobility grant to assist towards the additional costs of your study period abroad? Yes ☐ No ☐

## SIGNATURES HOME INSTITUTION

Student: ..... Date: .....

Responsible Person: ..... Date: .....