



SCUOLA SUPERIORE MEDIATORI LINGUISTICI

I.U.M. ACADEMY SCHOOL

DECRETO M.I.U.R. 21/01/2009



Erasmus+

(Photograph)

STUDENT MOBILITY FOR STUDIES (SMS)

STUDENT APPLICATION FORM

ACADEMIC YEAR 20____/20____

AUTUMN SEMESTER

SPRING SEMESTER

FIELD OF STUDY at home university: _____

Cycle of studies: _____

This application should be completed on the computer, signed stamped and printed

Scuola Superiore per Mediatori Linguistici IUM Academy School

P.zza N. Amore, 6 – 80138 Napoli Tel. +39 081.5538629

ssml@iumna.it erasmus@iumna.it

www.iumna.it





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STUDENT PERSONAL DATA

Family name:

First name(s):

Date of birth

(day/month/year):

Sex: Male Female

Nationality:

Place of birth (city, country)

Permanent address:

E-mail:

Phone Number:

ID/PASSPORT NO:

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LANGUAGE COMPETENCE

Mother tongue: _____

Language of instruction at home institution (if different): _____

Other Languages

| Language | Level | | | | | |
|----------|-------|----|----|----|----|----|
| | A1 | A2 | B1 | B2 | C1 | C2 |
| | | | | | | |
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| | | | | | | |

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EMERGENCY CONTACT DETAILS

| |
|--------------------------------|
| Name: _____ |
| Surname: _____ |
| Phone Number: _____ |
| Relationship to student: _____ |

Sending Institution

| | |
|---|--|
| Name and address: _____ | |
| ERASMUS ID Code of the institution: _____ | |
| Country: _____ | |
| Departmental coordinator's signature _____ | Institutional coordinator's signature _____ |
| Date _____ | |

Date

Applicant's signature

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Please attach the following documents to the application

- National ID/Passport
- Transcript of records
- Language Certificate/s

PLEASE, SEND THE APPLICATIONS TO:

International Relations Office

c/o Carmela Salomone

e-mail: linasalomone@academyschool.it

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application.

The above-mentioned student is

- provisionally accepted at our institution
- not accepted at our institution

Institutional coordinator's signature

Date _____

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