

ERASMUS MOBILITY 2023/2024 APPLICATION FORM -STUDENTS

NAME:	Male 🗆 Female 🗆
SURNAME (S):	NATIONALITY:
COUNTRY:	
DATE OF BIRTH:	PLACE OF BIRTH:
AGE: HOME ADDRE	ESS: TEL. NO:
MOBILE NO:	E-MAIL:
HOME INSTITUTION:	
ERASMUS REFERENT:	
I WOULD LIKE TO STUDY IN:	
☐ 1 st semester (from October 20	23 until March 2024)
□ 2 nd semester (form March 2024 until July 2024)	
 DEADLINE APPLICATION: 05.07.2023 (for fall semes 15.11.2023 (for spring sem 	
FIELD OF STUDY (please choose ☐ Graphic Design ☐ Decoration — Interior Design ☐ Artistic Decoration ☐ Set Design ☐ Sculpture	□ Didactics for Museum
YEAR THAT YOU WILL BE STU BFA: □1 st year □2 nd year MFA: □1 st year □2 nd year	
I ENCLOSE:	☐ A presentation letter of myself
	☐ A small portfolio of my work
STUDENT SIGNATURE	Date:
ABROAD CO-ORDINATOR SIGN	NATURE Date:
	with this application form should be sent only by e-mail in dress:erasmus.student@accademiasantagiulia.it