

## ERASMUS MOBILITY 2023/2024

### APPLICATION FORM – FOR TEACHERS/STAFF

NAME: ..... Male  Female

SURNAME (S): ..... NATIONALITY: .....

COUNTRY: .....

DATE OF BIRTH: ..... PLACE OF BIRTH:.....

AGE: ..... HOME ADDRESS: ..... TEL. NO: .....

MOBILE NO: ..... E-MAIL: .....

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HOME INSTITUTION: ..... COURSE: .....

ERASMUS REFERENT: .....

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I ENCLOSE:

A presentation letter of myself

A brief presentation of the possible workshop

Or

A general request with the indication of the lessons in which I am interested in

TEACHER SIGNATURE ..... Date: .....

ABROAD CO-ORDINATOR SIGNATURE ..... Date: .....

#### PLEASE NOTE THAT THE APPLICATION FORM MUST BE PRESENTED WITHIN

- for fall semester : **5 July 2023**
- for spring semester : **15 November 2023**

Please return this form at the following e-mail: [erasmus.teacher@accademiasantagiulia.it](mailto:erasmus.teacher@accademiasantagiulia.it)