

Erasmus+ student application form

Participant details	
Name:	Surname:
ID Nr.:	Birth date:
Address (street, Nr., ZIP, city, country):	
Phone:	E-Mail:

University of origin	
Name:	Country:
Academic responsible:	
E-Mail academic responsible:	

University of destination
Academic year:
Faculty:
Study programme:
Mobility period (DD/MM/YYYY – (DD/MM/YYYY):

Linguistic skills	
Spanish level:	Accreditation (e.g. Cervantes, DELE):
English level:	Accreditation (e.g. TOEFL, Cambridge):

Other	
Would you like to participate in our Buddy Programme? (YES/NO)	
Do you have special needs? (YES/NO)	
In case you answered YES, please specify:	