

Erasmus+ ICM @ UNIBO
Application form

Name: _____

Surname: _____

Date of birth: _____

Level of studies: Bachelor Master PhD

Name of the programme attended at UP: _____

Faculty at UP: _____

Motivation statement – Explain in no more than 10 lines why you would like to have a semester exchange at the University of Bologna:

Study plan proposal

A) Study purpose (Bachelor and Master students) (delete this section if not applicable for your case)

This is the list of courses I wish to attend at the University of Bologna:

Code	Name of the course unit	Number of credits assigned

B) Research purpose (Master and PhD students) (delete this section if not applicable for your case)

Name and Surname of the supervisor at UNIBO: _____

This is the brief description of the research activities I would like to perform at the University of Bologna during my semester stay:

Final statements

I apply for: 6 months stay 5 months stay

I hereby declare:

I never enjoyed an Erasmus+ ICM scholarship at the same level of studies I am currently applying.

I have already enjoyed an Erasmus+ ICM scholarship at the same level of studies I am currently applying from _____ until _____ (include here the dates as stated by the Host University in its certificate of period)

Date and Place _____

Signature _____