



APPLICATION FORM

Application date:

Type and program of mobility: Studies – ERASMUS Student Mobility

Home Institution:

Period:

Personal data

Family name

First name

Sex

Date of birth

Country of birth

Place of birth

Country of nationality

Mobility document

Type (ID card...)

Number

Issued by

Issue date

Expiration date

Current address

Address

Postcode

Phone

Mobile phone

Email



Home address (if different)

Street
Postcode
City
Country
Phone

Person to notify in case of emergency

Name
Email
Phone

Home Institution

Country
Institution
Faculty/School/Department
Date began studies at this institution

Current studies

Degree/Qualification pursued (e.g.: BA in ...)
Study level First cycle – Second cycle – Postgraduate – Masters
Study area
Number of years of studies prior to mobility

Mobility period

Start semester
Duration (semesters)
Duration (months)
Start of mobility
End of mobility



Disability and special needs

Do you have a disability or any special needs	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, please specify		

Language competence

Mother tongue :

Other languages	I am currently studying this language	I have sufficient knowledge to follow lectures	I would have sufficient knowledge to follow lectures if I had some extra preparation
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
1			
2			
3			

Work experience related to current studies (if relevant)

Type of work experience	Firm/organisation	Dates	Country

Student Tutor

I would like to apply for a student tutor at SSML during the mobility period yes no

If yes, I do consent to provide my email address to the student tutor yes

Declaration of consent

I agree to the use of my personal data yes no

Signature of the student

I confirm that all details given in the application form are correct and complete

Date and Place

Signature



SSMLPISA

SCUOLA SUPERIORE MEDIATORI LINGUISTICI

Istituto riconosciuto con Decreto n. 3255/2003 e n. 3/2020

Confirmation of the coordinator of Host Institution

Institution: SCUOLA SUPERIORE PER MEDIATORI LINGUISTICI DI PISA

Name PROF. MONIKA PELZ

Function DIRECTOR OF STUDIES, ERASMUS COORDINATOR

Phone 050-561883

Fax 050-8310064

Email directorofstudies@mediazionelinguistica.it

Date and Place

Signature and Stamp

Confirmation of the coordinator of Sending Institution

Institution

Name

Function

Department

Phone

Fax

Email

To be completed by the international coordinator of sending Institution

Date and Place

Signature and Stamp

Useful Information

Please do not forget to enclose the required documents with your application.

Please send this application and all necessary documents in electronic form to:

relazioni.internazionali@mediazionelinguistica.it

Please send the following with the application form

- *copy of your passport*
- *learning agreement*

Please note: incomplete or handwritten forms will not be processed.

Check all data carefully before sending.