

APPLICATION FORM
Erasmus+ student mobility, Eötvös Loránd University
SHORT-TERM DOCTORAL MOBILITY
for the Academic Year 2023/2024

Family name First name
Date of birth: Nationality:
Address:
Neptun code
Phone: E-mail:
Doctoral studies and year:

Language knowledge (other than the mother tongue):

Lang.: B2 C1
 B2 C1
 B2 C1

Declaration :

Hereby I officially declare, that during my current or previous PhD level studies (in any country):

I took part in Erasmus+ mobility for studies YES NO

If YES, when? in , for: months

I took part in Erasmus+ mobility for traineeship YES NO

If YES, when? in: , for months

I took part in an Erasmus+ Blended Intensive Programme YES NO

If YES, when? in: , for days

Other relevant international scholarship programmes the applicant took part in?:

Host university/institution	Time period (d/m/y)	Type of programme
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Which activity are you applying to? (Listed by order of preference)

1. Name of Host institution:

Erasmus code (if it has):

Planned activity:

Name of dissertation supervisor:

Language of the mobility:

Planned start and closing date of the mobility:

2. Name of Host institution:

Erasmus code (if it has):

Planned activity:

Name of dissertation supervisor:

Language of the mobility:

Planned start and closing date of the mobility:

The exact documents and annexes to be attached to the application are included in the faculty call for application. General information about the attachments is available at www.elte.hu/en/outgoing-mobility/erasmus/call-for-application/short-doctoral.

I acknowledge that the application form that is incomplete, illegible or not accompanied by the required attachments is invalid.

I, the undersigned, hereby declare that this form consists true and accurate information.

Date: _____ Signature: _____

To be filled out by the person evaluating the application or appointed by the faculty:

I hereby

ACCEPT and support the applicant for Erasmus+:

- **Scholarship**
- **Zero grant**
- **reserve list**

do NOT accept and support the application of the applicant.

Name of Host institution: _____ Erasmus code (if any): _____

Planned activity: _____

Planned start and closing date of the physical mobility: _____

- I, the undersigned declare, that I will support the preparation of the mobility considering the requirements of the study programme where the applicant has enrolled.
- I will support the applicant to fulfil the professional requirements of his/her curricula at ELTE.
- I will assist the acknowledgement of the mobility period of the student at ELTE.

Faculty: _____ Doctoral School: _____

Dissertation supervisor

Head of the Doctoral School/Person authorized by the Faculty

name: _____

name: _____

date: _____

date: _____

signature: _____

signature: _____