

APPLICATION FORM
Erasmus+ long-term student mobility, Eötvös Loránd University
for the Academic Year 2023/2024

Family name: First name:
Date of birth: Nationality:
Address:
Neptun code:
Phone: E-mail:
Study cycle and year: Studies:

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, same level university 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 university/host institution are you applying to? (Listed by order of preference)

1. Name of Host institution:

Erasmus code (if it has):

Field of profession: Home Department/Institution:

Language of the studies/traineeship:

Planned start and closing date of the studies/traineeship:

2. Name of Host institution:

Erasmus code (if it has):

Field of profession: Home Department/Institution:

Language of the studies/ traineeship:

Planned start and closing date of the studies/ traineeship: _____

3. Name of Host institution: _____

Erasmus code (if it has): _____

Field of profession: _____ Home Department/Institution: _____

Language of the studies/traineeship: _____

Planned start and closing date of the studies/traineeship: _____

The exact documents and annexes to be attached to the application are included in the faculty or institute/department call for application.

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 judging the application or appointed by the faculty in case of a study abroad mobility:

I hereby

ACCEPT and support the applicant for Erasmus+:

- **Scholarship for, _____ months**
- **Zero grant for, _____ months**
- **reserve list**

do NOT accept and support the application of the applicant.

Name of Host institution: _____

Erasmus code: _____

Field of profession: _____

Planned start date of the studies: _____

Planned closing date of the studies: _____

- I undertake to compile the applicant's detailed study plan together with my foreign partner before departure, so that upon completion, the student will replace a part of their normal studies with the mobility period.
- I will inform the student about the method and deadline for applying to the partner university.
- I will send the notification of the student's nomination to the partner university.

Faculty: _____ Department/Institute: _____

Responsible Academic Coordinator

Head of Department/ Person authorized by the Faculty

name: _____

name: _____

date: _____

date: _____

signature: _____

signature: _____

To be filled out by the person judging the application or appointed by the faculty in case of a traineeship mobility:

I hereby

- ACCEPT and support the applicant for Erasmus+:**
- **Scholarship for, _____ months**
 - **Zero grant for, _____ months**
 - **reserve list**
- do NOT accept and support the application of the applicant.**

Name of Host institution: _____

Erasmus code (if any): _____

Field of profession: _____

Planned start date of the traineeship: _____

Planned closing date of the traineeship: _____

- I, the undersigned declare, that I will support the preparation of the traineeship 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 traineeship period of the student at ELTE.

Faculty: _____ Department/Institute: _____

Person responsible for the professional activity Head of Department/ Person authorized by the Faculty

name: _____

name: _____

date: _____

date: _____

signature: _____

signature: _____