

**APPLICATION FORM**  
**Erasmus+ long-term student mobility, Eötvös Loránd University**  
for the Academic Year 2022/2023

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 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

**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: \_\_\_\_\_

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**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: \_\_\_\_\_