

APPLICATION FORM
Erasmus+ student mobility, Eötvös Loránd University
BLENDED INTENSIVE PROGRAMME (BIP)
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 current or previous, same 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):

Title of the BIP:

Home Department/Institution:

Language of the mobility:

Planned start and closing date of the mobility:

2. Name of Host institution:

Erasmus code (if it has):

Title of the BIP:

Home Department/Institution:

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 or institute/department call for application. General information about the attachments is available at www.elte.hu/en/outgoing-mobility/erasmus/call-for-application/bip.

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): _____

Title of the BIP: _____

Planned start and closing date of the physical mobility: _____

- I undertake to recognise the completed Blended Intensive Programme (for at least 3 ECTS) as a part of their normal studies.
- 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: _____