Erasmus+ Programme
Student Mobility for Studies
Application Form

FIELD OF STUDY: **ACADEMIC YEAR 20__ - 20__**

1. RECEIVING INSTITUTION

Name: InterNapa College Erasmus Code: CYSOTIRA01
Erasmus Coordinator: Despina Georgiou
Telephone: +3572 3829840 Email: erasmus@internapa.ac.cy
School : Hospitality Program:

Semester for which you are applying: Fall ☐ Spring ☐ Full Year ☐
Period of Study (dd/mm/yy) from: _____ to: _____
Duration of stay (in months): _____

2. PERSONAL DATA (To be completed by the student applying)

First Name: _____
Last Name: _____
Date of Birth: _____

Gender: Male ☐ Female ☐ Nationality _____
ID/Passport Number: _____
Address: _____
Mobile phone number: _____
Email Address: _____

3. HOME INSTITUTION DETAILS

Name _____
Erasmus Code _____
Address _____
Country _____ Home Department _____
Departmental Coordinator _____
Telephone _____
Email _____

Study Cycle: 1st ☐ 2nd ☐

LANGUAGE COMPETENCE

First Language: _____

Other Languages:

English	Currently studying ☐	sufficient knowledge to follow lectures ☐
_____	Currently studying ☐	sufficient knowledge to follow lectures ☐
_____	Currently studying ☐	sufficient knowledge to follow lectures ☐

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/Organisation	Dates	Country
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS AND CURRENT STUDY DETAILS

Diploma/degree for which you are currently studying:

_____

Number of higher education study years completed prior to departure abroad:

_____

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is ☐ accepted at our institution

☐ provisionally accepted at our institution

☐ not accepted at our institution

Departmental coordinator's signature: Date:

_____ _____

Erasmus coordinator's signature: Date:

_____ _____