



Erasmus+



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: Aggela Marinou

Telephone: +3572 3829840

Email: erasmus@internapa.ac.cy

School: Hospitality

Program:

Semester for which you are applying (v): (a) Fall _____ (b) Spring _____ (c) Full Year _____

Period of Study (dd/mm/yy) from: _____ to: _____.

Duration of stay (in months): _____

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

First Name: _____

Last Name: _____

Date of Birth: _____

Gender (v): Male _____ Female _____ Nationality: _____

ID/Passport Number: _____

Address: _____

Mobile phone number: _____

Email Address: _____

2. HOME INSTITUTION DETAILS

Name: _____

Erasmus Code: _____

Address: _____

Country: _____ Department: _____

Departmental Coordinator _____

Telephone _____

Email _____

Study Cycle (v): 1st _____

2nd _____

