** **

**Erasmus + Mobility**

**TRAINEESHIP ABROAD**

**Student Application form**

**Student**

|  |  |
| --- | --- |
| **NAME AND LAST/FAMILY NAME(S)** | Click here to enter text. |
| **DATE OF BIRTH** | Click here to enter a date. |
| **PLACE AND STATE OF BIRTH** | Click here to enter text. |
| **CITIZENSHIP** | Click here to enter text. |
| **GENDER** | Choose an item. |
| **CURRENT ADDRESS** | Click here to enter text. |
| **PERMANENT ADDRESS (if different)** | Click here to enter text. |
| **PHONE NUMBER (including country code)** | Click here to enter text. |
| **E-MAIL** | Click here to enter text. |

**Sending/HOME Institution**

**MODERN BUSINESS SCHOOL BELGRADE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COLLEGE | | | Choose an item. | |
| MOBILITY TYPE | | | Choose an item. | |
| STUDY CYCLE | | | Choose an item. | |
| STUDY PROGRAMME | | | Choose an item. | |
| CURRENT YEAR OF STUDY | | | Choose an item. | |
| GRADE POINT AVERAGE | | | Click here to enter text. | |
| HAVE YOU EVER RECEIVED ERASMUS+ SCHOLARSHIP? | | | Choose an item. | |
| IF YES, ENTER | **NAME OF HOST**  **INSTITUTION** | **DURATION**  **(in months)** | **MOBILITY**  **TYPE** | **STUDY CYCLE** |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| ARE YOU SUBMITTING A PROOF OF STUDENTS  WITH FEWER OPPORTUNITIES? | | | Choose an item. | |
| ARE YOU SUBMITTING A PROOF OF STUDENTS  WITH DISABILITY, as described in the call? | | | Choose an item. | |
| ARE YOU OPTING FOR GREEN TRAVEL? | | | Choose an item. | |

**Applying to Receiving/HOST Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| HOST ORGANIZATION: | NAME | TRAINEESHIP  PROGRAMME | COUNTRY |
|  |  |  |
| STUDY CYCLE | | Choose an item. | |
| PLANNED PERIOD OF MOBILITY(dates) | |  | |
| PLANNED DURATION OF MOBILITY | | WORK PLACEMENT | |
|  | |
| PLEASE INDICATE THE SELECTED  MOBILITY LANGUAGE | |  | |

**Before submitting your application, please refer to:** <https://assb.edu.rs/erasmus-ka103/>

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| **CHECKLIST** |  |
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**I hereby state that my study period abroad within the Erasmus+shall not be financed by other sources originating from the EU funds. I hereby confirm that the documents submitted in the application are true and accurate and the data they provide can be used by persons authorised to check, process, keep and use them for the participation in the Erasmus+Call and Erasmus+ mobility.**

**Date** Click here to enter a date.

**Place** Click here to enter text.