# STUDENT MOBILITY TO SLOVENIA (Higher Education Mobility Consortium (Accreditation number: AKR-HE-2/17) – 2017/2018

# APPLICATION FORM

# INFORMATION ABOUT THE PARTICIPANT

|  |  |
| --- | --- |
| Last name (s) |  |
| First name (s) |  |
| Date of birth |  |
| Sex | FEMALE | MALE |
| Nationality |  |
| Address (Street, ZIP, City, Country) |  |
| Email address |  |
| Study cycle | 1st – undergraduate | 2nd – postgraduate | 3rd – doctoral studies |
| Previous student mobility experience in months and days (for example: Erasmus+, Erasmus Mundus, etc.) | PROGRAMME:DURATION: |
| Name of home institution |  |
| Address of home institution |  |
| Contact person name |  |
| Email of contact person |  |

# INFORMATION ABOUT THE MOBILITY

|  |
| --- |
| Planned period of the mobility |
| FROM (dd/mm/yyyy) |  | TILL (dd/mm/yyyy) |  |
| Duration (months)  |  |
| Name of receiving institution |  |
| Address |  |
| Erasmus code (if applicable)  |  |
| Faculty/Department |  |

# INFORMATION ABOUT PREVIOUS MOBILITY EXPERIENCE

|  |  |  |
| --- | --- | --- |
| Type of mobility | Study cycle (1st, 2nd, 3rd) | Duration of mobility (months and days) |
| Erasmus+ student mobility for studies |  |  |
| Erasmus+ student mobility for traineeship |  |  |
| Erasmus LLP student mobility for studies |  |  |
| Erasmus LLP student mobility for traineeship |  |  |
| Erasmus Mundus |  |  |
| CEEPUS |  |  |
| Other: |  |  |

**I, the undersigned** **request from the Higher Education Mobility Consortium a grant for my mobility**.

**I declare**:

[ ]  **that I am enrolled for the academic year 2017/2018 in my second year of undergraduate studies (or consecutive years/levels) at the partner institution from the partner country participating in Erasmus+ programme**

[ ]  **that I fulfil the condition of CALL FOR APPLICATIONS FOR THE CO-FINANCING OF STUDENT MOBILITY IN THE FRAMEWORK OF THE ERASMUS+ MOBILITY PROGRAMME BETWEEN PROGRAMME AND PARTNER COUNTRIES (KA107) IMPLEMENTED BY HIGHER EDUCATION MOBILITY CONSORTIA (ACCREDITED UNDER NUMBER AKR-HE-2/17 BY CMEPIUS DECISION DATED 25.04.2017) FOR THE ACADEMIC YEAR 2017/2018**

[ ]  **that all information contained in this application are correct to the best of my knowledge**

Signature Place and Date: ............................................

..................................................

**INSTRUCTIONS FOR PARTER COUNTRY ISTITUTION:**

The Partner Country Institution needs to send the **signed and scanned application** form together with the below-listed attachments **by 15 June 2018 at 17:00 CET** by email, specifying “Application for the Erasmus+ KA107 Call – 2017/2018 – Student mobility” in the subject of the email, to:

**Ms Kinga Kónya**

**Euro-Mediterranean University (Coordinator)**

kinga.konya@emuni.si

The application has to contain following attachments:

1. **Learning Agreement** – filled in and signed by the sending institution (Annex II)
2. Motivation letter – signed and scanned (No template provided but please mention if the nominee has already benefitted from Erasmus LLP, Erasmus Mundus and Erasmus+ Programmes and if so, specify date, institution and level of studies)
3. English language certificate attesting level B1 in line with CEFR
4. Scanned copy of passport
5. Transcript of records for nominated students in English (No template provided)

*The selection criteria for the nomination are left entirely to the sending institution. When providing the nomination, the sending institution guarantees that all eligible students at its institution were given a fair and equal chance for participation and that the nominated student best matched for the mobility.*