

STUDENT APPLICATION FORM**201_ - 201_****1st semester**
*(October- February)***2nd semester**
*(March-July)***full academic year**
(October- July)

(Photo)

NAME OF THE STUDENT :**DURATION IN MONTHS:****FIELD OF STUDY:**

The Application should be completed in all parties and it will be send, by e-mail, at the :

Scuola Superiore per Mediatori Linguistici Vittoria**Erasmus Office**erasmus@ssmlto.it**Deadlines for application:** **June, 5** - for autumn semester or for full academic year
October, 30 - for spring semester**SENDING INSTITUTION:****ERASMUS code:**

Full address:

Phone:, Fax:

Department / Faculty / Unit:**ERASMUS Departmental coordinator:**

Phone....., E-mail:

ERASMUS Institutional Coordinator / International Relations Coordinator:

Phone:, Fax:

E-mail:

CURRENT STUDY

Name of diploma for which you are currently studying:

Year of study in present:

LANGUAGE COMPETENCE

Mother tongue:



Italian: level B1 required						
Other languages	I am currently studying this language		I have sufficient knowledge to follow lessons		I have a certification of the level (if yes, annexe it to the form)	
	yes	no	yes	no	yes	no
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I consent to the processing of my personal data by the SSML Vittoria in accordance with the Legislative Decree no. 196/2003.

Date _____ Student's signature _____

RECEIVING INSTITUTION: SCUOLA SUPERIORE PER MEDIATORI LINGUISTICI VITTORIA (ITALY)
ERASMUS CODE: I TORINO12

We hereby acknowledge receipt of this application.

The above-mentioned student is:

accepted at our institution, not accepted at our institution
as ERASMUS+ Exchange student

Departmental coordinator's signature: _____ Date:

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