

APPLICATION FORM

STUDENT MOBILITY FOR RESEARCH/TRAINEESHIP

*Enter Academic Year.*



Photo

**I PERSONAL DATA**

|  |  |
| --- | --- |
| First Name |  |
| Family Name |  |
| Gender |  |
| Date of Birth | dd.mm.yyyy. |
| Place of Birth |  |
| Nationality (passport) |  |
| Passport number |  |

**Please note**: enter these data correctly as, in case of acceptance, your further acceptance documents will be prepared based on it.

**II CONTACT INFORMATION**

|  |  |
| --- | --- |
| e-mail |  |
| Phone number |  |

**Please note:** This information will not be shared except to contact the candidate regarding their application to the international mobility. Ensure you enter the correct email and regularly check the junk/spam folder in your inbox.

**III ACADEMIC INFORMATION (HOME INSTITUTION)**

|  |  |
| --- | --- |
| Home University/Institution |  |
| Faculty/Academy/Department |  |
| Study Programme |  |
| Study Level | *Choose a level.* |
| Contact person from home institution |  |
| Email from the contact person |  |

**Please note:** This information will not be shared except to contact the candidate regarding their application to the international mobility. Ensure you enter the correct email and regularly check the junk/spam folder in your inbox.

**IV LANGUAGE PROFICIENCY**

|  |  |
| --- | --- |
| English Language | *Choose a level.* |
| What proof do you have of knowing English language in the stated level? |  |

**Please note:** This information doesn’t exclude you from sending the official proof for knowing the English language if requested!

**V HOST INSTITUTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| University | **University of Sarajevo** | | | | | | |
| Department\* |  | | | | | | |
| Planned Duration of Mobility | *Choose a duration*. | | | | | | |
| Planned Period of Mobility (in which semester are you joining us) | Choose a period. | | From\*\* | dd/mm/yyyy | | To | dd/mm/yyyy |
| Is your exchange part of any mobility program? | No  Yes | If YES, please select the program | | | Choose an item. | | |
| Financial support (scholarship) included? |  | | | | | | |

**Please note:**

**\*** write the department you are interested to work in if you already know that exists at the UNSA unit

**\*\*** - you can write provisional dates and upon your acceptance, it can be confirmed or discussed.

**VI PRELIMINARY LIST OF ACTIVITIES AT THE UNIVERSITY OF SARAJEVO**

|  |
| --- |
| Describe the activities you plan to perform during your research/traineeship |
|  |

**VII STATEMENT**

|  |
| --- |
| I hereby state that my Erasmus+ mobility will not be double funded by other EU funds.  I confirm that all provided information is accurate. If accepted, I will send supporting documents that verify the given data in this application form. |

**IX SIGNATURE**

|  |
| --- |
| I sign this application form electronically by ticking the box. |

Date: *Enter a date.*