

LINK CAMPUS UNIVERSITY ERASMUS+ PROGRAMME ERASMUS STUDENT TRAINEESHIP A.Y. 2017/2018

APPLICATION FOR THE OBTAINEMENT OF GRANTS FOR TRAINEESHIPS ABROAD

Surname and Nam	e:		Sex:	
Place of birth: Date of birth:				
Citizenship:Fiscal Code:				
Telephone:		mobile		
E-mail:				
Study course/PhD	course/Specialization Scho	ool in		
	on number			
Year of study:	in course \Box	off course □		
· ·	nstitution (in order of prefer	J	•	
1	Crono	logical Number of th	ne traineeship	
2	Crond	ological Number of t	he traineeship	
3	Crono	logical Number of th	ne traineeship	
Language knowledg	де			
Language:	Spoken*	Written*	Reading*	
English French German				
Spanish				
Russian	•••••			

^{*} Sufficient; Fair; Good; Excellent, Mothertongue



1. I declare that I have already participated to the	Erasmus Program:
SMS (for study reasons) NOYES Duration (in mo	onths)
SMP (for traineeship reasons) NOSI Duration (in Study course	months)
2. I intend to start my mobility after the obtainment	nt of my degree: NOYES
The signed application, drafted using the tem www.unilink accompanied by a curriculum vitae and a copy peremptorily by email to the International Relational Relation	of the identity card, must be sent
In addition to their curriculum vitae, candidates certification attesting to the exams taken and mark (TOEFL, IELTS, other), and certificates attesting the relevant to the traineeship which they are applying the traineeship which the traineeship which they are applying the traineeship which the traineeship which they are applying the trainee	rks obtained any language certificates o IT or other skills which they deem
Date	
	Signature