

**SFAX UNIVERSITY**

**ERASMUS+ PROGRAMME**

**INTERNATIONAL CREDIT MOBILTY-ICM**



**INTERNATIONAL CREDIT MOBILTY-ICM**

**APPLICATION FORM FOR STUDENTS MOBILITY FOR STUDIES/TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name- Surname:** | **Gender: M 🞏 F 🞏** | | **PHOTO** |
| **Date- Place of birth: dd/mm/yyyy ………………..** | **Nationality:** | |
| **Home country:** | **Home university:** | |
| **Erasmus Code or city:** | **Passport-National ID number:** | |
| **Intended term of study:**  **🞏 Fall 🞏 Spring 🞏 Both** | **Field of study:** | |
| **Level of study:**  **🞏 Bachelor  🞏 Master 🞏 Doctorate** | **Year of study:**  **1 🞏 2 🞏  3 🞏 4 🞏** | |
| **E-mail:** | | **Telephone:** | |
| **Address:** | |  | |
| **Contact person for emergency:** | | **Do you have any special needs (disability)?**  **Yes 🞏 (+10 pts) No 🞏** | |
| **Contact telephone/e-mail for emergency:** | |  | |

|  |  |
| --- | --- |
| **Departmental coordinator at home university** | **Institutional coordinator at home university** |
| **Name-Surname:** | **Name-Surname:** |
| **E-mail:** | **E-mail:** |
| **Signature/Date:** | **Signature/Date/Stamp:** |
| *I certify that the information given in this application is true, complete, and accurate to the best of my knowledge.*  **Student’s name-surname: Date:**  **Student’s signature:** | |

Please attach Europass CV, Copy of National Identity Card, Transcript and English Proficiency Document forms

Please attach the “Disability” status documents if necessary.