

**SFAX UNIVERSITY**

**ERASMUS+ PROGRAMME**

**INTERNATIONAL CREDIT MOBILTY-ICM**



**INTERNATIONAL CREDIT MOBILTY-ICM**

**APPLICATION FORM FOR STUDENTS MOBILITY FOR STUDIES**

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| --- | --- | --- |
| **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.