**ERASMUS+ STUDENT APPLICATION FORM**

Please attach a recent passport photograph

APPLICATION FOR THE ACADEMIC YEAR **20\_\_ / 20\_\_**

Study Programme: **BACHELOR**  **MASTER** 

Principal study subject:

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| **Home Institution: CONSERVATORIO DI MUSICA “G.VERDI” DI MILANO - ITALY** | |
| Erasmus ID Code:**I MILANO09**  Coordinator: Prof. Paolo Rimoldi  Roberto de Thierry | Tel: +39 (02) 7621 102 21 or -14  Fax:+39 (02) 7602 0259  E-mail: erasmus@consmilano.it |

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| **STUDENT** | |
| Name:  Place of Birth: …………….  Date of birth: Age:  Current address: | Surname:  Nationality:  Gender: 🞏 Male 🞏 Female  Tel.: +  E-mail: |
| **Previous/Current studies**  Diploma/degree for which you are currently studying:  Professor in main field of study:  Current study year: \_\_\_\_\_ Level: BACHELOR  MASTER  | |

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| **APPLICATION** | | | | | |
| Institution | Preferred professor | Country | Period of study  from to | | Duration of stay (months) |
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| **SIGNATURES HOME INSTITUTION** |
| Student: Date:  Professor/Tutor: Date:  International Coordinator: Date: |