

ERASMUS+ STUDENT APPLICATION FORM

APPLICATION FOR THE ACADEMIC YEAR **20**__ / **20**__

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

Principal study subject:

Please attach a
recent passport
photograph

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: <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> MASTER <input type="checkbox"/>	

APPLICATION					
Institution	Preferred professor	Country	Period of study		Duration of stay (months)
			from	to	
1.
2.
3.

SIGNATURES HOME INSTITUTION	
Student:	Date:
Professor/Tutor:	Date:
International Coordinator:	Date: