



APPLICATION FORM FOR
ERASMUS+ KA107 INCOMING STUDENTS
ERASMUS+ PROJECT 2023-1-HR01-KA171-HED-000135788

NOTE: This application should be printed, filled, signed by student and endorsed by the sending (home) institution!

PERSONAL INFORMATION

Name and surname: _____

Date of birth: (dd/mm/yyyy) _____ Place of birth _____

Citizenship: _____ Sex: M F

E-mail: _____

Home address: _____

Mailing address (if different): _____

INFORMATION ABOUT THE STUDIES AT HOME INSTITUTION

Name of the home institution: _____

Name of the study programme at home institution: _____

Current level of study: Bachelor
 Master
 PhD

INFORMATION ABOUT THE INTENDED STUDIES AT UNIVERSITY OF ZADAR

Academic year 20____ / 20____

Name of the home department: _____

All exchange students **must** choose one main Department where more than **50% ECTS will be achieved.**

Duration of mobility: Academic year
 Winter semester
 Spring/Summer semester
 If different, please specify: from _____ till _____

FOREIGN LANGUAGE KNOWLEDGE

Mother tongue: _____				
	Excellent	Very good	Good	Sufficient
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other languages:				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please read the **language requirements** on our web page:

<http://www.unizd.hr/eng/international-relations/student-mobility/language-requirements>

PREVIOUS PARTICIPATION IN ERASMUS+ PROGRAMME

Have you already participated in the Erasmus+ programme?

YES

NO

If yes, please provide mobility dates and the name of host institution:

DOUBLE FINANCING DISCLAIMER

By submitting this application, under criminal and material responsibility, I declare that no other scholarship originating from the European Union was awarded to me for the purpose of mobility I am applying for.

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

By submitting this application I confirm that I have read and understood all the provisions of the Call for Applications for the Erasmus+ project No.: 2020-1-HR01-KA107-077450 and that I will comply with its terms and conditions. Also, by submitting this application I give my consent to the University of Zadar, acting as a coordinating institution, to publicly disclose my personal information and my mobility activity data before, during and after the mobility period.

I hereby declare that all the information provided in the application is to my best knowledge, correct and complete.

Date and place:

Student's Signature:

SENDING (HOME) INSTITUTION ENDORSEMENT:

To be filled by the responsible person at the sending institution:

Name of the institution: _____

Name and surname of the responsible person: _____

E-mail: _____

Phone: _____

Herby I confirm that the student _____ (name and surname of the student) **is enrolled in the** _____ **year** (year and level of study *eg. 2 MA*) **of the study programme:** _____ (name of the study programme) **at the** _____ (name of the institution/university) **and therefore I endorse his/her application for Erasmus+ mobility at the University of Zadar.**

It is also confirmed that the above mentioned student's English language skill is equivalent to B2 level of on the CEFR scale.**

Date and place:

Responsible person's signature and stamp:

Please note that fluent language skills are vital for successful studies at the University of Zadar. If the language requirements are not met, the University of Zadar will not accept the student and reserves the right to do so even after arrival!

** CEFR - *Common European Framework of Reference for Languages* URL:

<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

DOCUMENTS TO BE ATTACHED TO THE APPLICATION FORM:

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1. Transcript of Records (for bachelor level: transcript of all bachelor courses taken so far; for master level: copy of bachelor diploma and transcript of both bachelor and master courses taken so far) **with explanation of the grading system;**
2. Proof of citizenship (copy of passport or ID card);
3. Motivation letter;
4. CV in the Europass Form.

These documents have to be sent in English as **PDF files** to erasmus_KA171@unizd.hr.