



UNIVERSITÀ
DEGLI STUDI
FIRENZE

**Scuola di
Agraria**



HOW TO FILL IN YOUR ENROLMENT FORM

PUT IN THE ACADEMIC YEAR of
your study abroad period

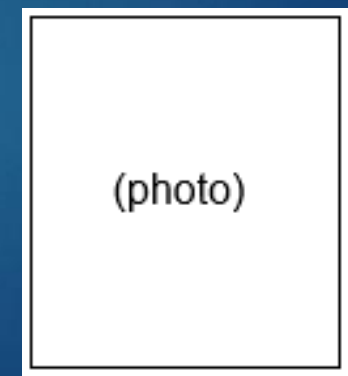
ERASMUS+
STUDENT MOBILITY PROPOSAL
ENROLMENT FORM

ACADEMIC YEAR /
ANNO ACCADEMICO

FIELD OF STUDY (ISCED code):
CODICE ISCED

WRITE THE ISCED CODE (ASK YOUR
ERASMUS COORDINATOR if not sure)

PUT YOUR PASSPORT
PHOTO HERE



COMPLETE WITH INFO ABOUT YOUR UNIVERSITY

CODE: ERASMUS CODE OF YOUR HOME
INSTITUTION

HOME INSTITUTION	CODE:
Name and full address:.....	
Departmental coordinator of the programme:.....	
phone: fax: e-mail:.....	
Institutional coordinator of the programme:.....	
telephone : telefax : e-mail :.....	
COORDINATOR'S SIGNATURE	STAMP OF THE HOME INSTITUTION or Erasmus Office
.....
	(APPLICATION NOT ACCEPTED IF MISSING)

Your coordinator's SIGNATURE AND STAMP
(ALSO SCANNED)

WRITE YOUR PERSONAL DATA

REGISTRATION N.: PUT IN YOUR STUDENT NUMBER AT YOUR HOME INSTITUTION



STUDENT'S PERSONAL DATA			Registration N.:
Family name:	First name(s):	Sex:	
<small>Cognome</small>	<small>Nome</small>	<small>Sesso</small>	
Date of birth:	Place of birth:	Nationality:	
<small>Data di nascita</small>	<small>Luogo di nascita</small>	<small>Cittadinanza</small>	
Current address:	Permanent address (if different):		
.....			
.....			
Tel.:		e-mail:	

PERIOD OF STUDY:
 1° SEMESTER → FROM SEPTEMBER TO FEBRUARY
 2° SEMESTER → FROM FEBRUARY TO JULY or FULL YEAR

PERIOD OF YOUR STAY

NUMBER OF ECTS

Host Institution Istituzione ospitante	Country Paese	Period of study periodo		Duration of stay (months) Durata del soggiorno (mesi)	expected ECTS credits crediti ECTS previsti
		from (da)	to (a)		
UNIVERSITA' di FIRENZE	Italy
School:					
Erasmus coordinator of the programme:					

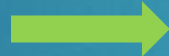
INFORMATION ABOUT HOST INSTITUTION

SCHOOL:
Scuola di Agraria

COORDINATOR: *Prof.ssa Silvia Scaramuzzi*

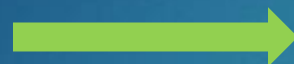


DO NOT
FILL IN
THESE TWO
SECTIONS



RECEIVING INSTITUTION		<i>NOT to be filled in by the applicant!</i>
We hereby acknowledge receipt of the application Confermiamo con la presente di aver ricevuto la domanda		<u>The</u> above-mentioned student is Lo studente <u>summenzionato</u>
<input type="checkbox"/> provisionally accepted at our institution. provvisoriamente accettato/a presso la nostra istituzione.	<input type="checkbox"/> not accepted at our institution. non è accettato presso la nostra istituzione	
Erasmus Coordinator Il delegato Erasmus		
Signature:	STAMP	Date:
Date:		
DATA FOR THE ENROLMENT:		<i>To be filled in ONLY after arrival</i>
Date of beginning of the study period at the University of Florence:		
Erasmus coordinator of the programme or Erasmus delegate		
Signature:	STAMP	Date:

FILL IN THESE
SECTIONS WITH
INFORMATION
ABOUT
YOURSELF



Name of student:	Registration N°:		
Nome e cognome dello studente	N° di matricola		
Home institution:	Country:		
Istituzione di origine	Paese		
Main reasons why I wish to study abroad:			
Principali motivi dello studio all'estero			
.....			
.....			
<i>If necessary, continue on a separate s</i>			
CURRENT AND PREVIOUS STUDY			
STUDI ATTUALI E PRECEDENTI			
Iscritto(a) al Corso di laurea/diploma in			
Diploma/degree for which I am currently studying:			
Durata legale del corso			
Duration of course: years	Years of study prior to departure abroad:		
I have already been studying abroad.	Yes No		
Precedenti soggiorni di studio all'estero			
If Yes, when?			
Se sì, quando?			
At which institution?			
Presso quale istituzione?			
I have benefited of Erasmus status before:	Yes No		
Ho beneficiato dello status di studente Erasmus in precedenza:			
WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)			
ESPERIENZE DI LAVORO (se rilevanti ai fini degli studi intrapresi)			
Type of work experience	Company / organization	dates	country
Tipo di lavoro svolto	Ditta / Ente	periodo	paese
.....
.....

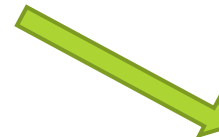
COMPLETE WITH YOUR LANGUAGE COMPETENCE

LANGUAGE COMPETENCE

CONOSCENZA LINGUISTICA

	Livello di conoscenza proficiency	Mother tongue Lingua madre	Excellent Ottima	Good Buona	Fair Media
D I	Languages Lingue straniere				
F	Italiano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	Français	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Deutsch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Español	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language of instruction at home institution (only if different from mother tongue)
 Lingua di insegnamento nell'università di origine (solo se diversa dalla lingua madre)



WRITE YOUR LANGUAGE OF INSTRUCTION
 ONLY IF DIFFERENT FROM MOTHER TONGUE

END BY SIGNING THE FORM

Information concerning the Italian Privacy Protection Law (Art. 13 of the Leg.Decree nr. 196 of June 30, 2003)

The University of Florence will process the personal data provided in the present form exclusively for Erasmus –related procedures and in compliance with its institutional aims.

Communication and diffusion of Personal Information

According art. 11 of the Regulations for the implementation of the Personal Data Protection Code, I herewith authorize the University of Florence to process and communicate my personal data to the Public or Private Bodies which will request them, with the aim of implementing orientation, education, professional training and employment opportunities, also abroad, for young students and graduates.

Date _____

YES NO

Signature _____



MARK YES



SIGN THE FORM
(ALSO SCANNED
SIGNATURE)



UNIVERSITÀ
DEGLI STUDI
FIRENZE

**Scuola di
Agraria**

International Relations Service
School of Agriculture

erasmus@agraria.unifi.it