Photo

# ERASMUS+ Mobility Programme

STUDENT APPLICATION FORM

Academic Year 2024/2025

**PLEASE FILL THIS APPLICATION FORM IN WORD, NOT HANDWRITING**

## SENDING INSTITUTION

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| **Name: ………………………………………………………………………………………………………………………………………….**    **Name of Institutional Coordinator:**…………….........................................................................................  **T**.: ……………………………………………..**Email:**………………………………………………………………………………………..  **Contact at the International Office:** …………………………………………………………………………………………………..  **T:**..................................................**E-mail**:............................................................................................. |

## RECEIVING INSTITUTION

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| **Name**: UNIVERSIDADE AUTÓNOMA DE LISBOA (P LISBOA11)    **Name of Erasmus+ Institutional Coordinator:** Reginaldo Rodrigues de Almeida  **T**.: + 351 213 177 691 **E-mail:** ralmeida@autonoma.pt  **Contact at the Erasmus+ and International Mobility Office:** Carolina Peralta / João Sarmento  **T**: +351 21 317 76 32 **E-mail**: - [erasmus@autonoma.pt](mailto:erasmus@autonoma.pt) / [cperalta@autonoma.pt](mailto:cperalta@autonoma.pt) / [jsarmento@autonoma.pt](mailto:jsarmento@autonoma.pt) |

### STUDENT PERSONAL DATA

|  |  |
| --- | --- |
| **Family name**:  **First name(s):**  **Date of birth**:  **Nationality**  **Gender:** M 🞏 F 🞏  **ID Card/Passport No.**  **Issuance date:**  **Expiry Date:** | **Email**: |

### PERIOD OF STUDY and No. ECTS

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | **Till:** | **No. months:** | **No. of expected ECTS:** |

**LANGUAGE COMPETENCE**

Have you had Portuguese classes? Yes 🞏 No 🞏

What is you level of Portuguese (A1, A2; B1, B2, C1, C2)?:

Is your home university offering you a preparatory Portuguese language course?

**You are strongly advised to attend some basic Portuguese classes in your own country or in Portugal prior to starting your studies with us.**

**Do you wish to attend our free Portuguese language intensive course to be held before the beginning of the semester (from September to October 2024)?**

Yes 🞏 No 🞏

**Do you wish to be a part of our Buddy Programme and have a buddy to help you out?**

Yes 🞏 No 🞏

#### PREVIOUS AND CURRENT STUDY

Degree you are currently studying and year of studies:

**RECEIVING INSTITUTION – UNIVERSIDADE AUTÓNOMA DE LISBOA**

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| We hereby acknowledge receipt of the application.  Erasmus+ and International Mobility Office  …………………………………………………………….    Date: |