Photo

# ERASMUS+ Mobility Programme

STUDENT APPLICATION FORM

Academic Year 2023/2024

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

## SENDING INSTITUTION

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

## RECEIVING INSTITUTION

|  |
| --- |
| **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 Azevedo**T**: +351 21 317 76 32 **E-mail**: - erasmus@autonoma.pt / cperalta@autonoma.pt / jazevedo@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 18 September to 29 September 2023)?**

 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**

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