Photo

# ERASMUS+ Mobility Programme

STUDENT APPLICATION FORM

Academic Year 2018/2019

## 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:** José Guilherme Victorino**T**.: + 351 213 177 691 **E-mail:** jvictorino@autonoma.pt**Contact at the International Relations and Mobility Office:** Isabel Silva**T**: +351 21 317 76 23 F: +351 21 353 37 02 **E-mail**: - erasmus@autonoma.pt |

### STUDENT PERSONAL DATA

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

#### 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. International Office ……………………………………………………………. Date:  |