

APPLICATION FORM

STUDENT MOBILITY FOR STUDIES

*Enter Academic Year.*



Photo

**I PERSONAL DATA**

|  |  |
| --- | --- |
| First Name |  |
| Family Name |  |
| Gender |       |
| Date of Birth | *Enter a date.* |
| Place of Birth |       |
| Nationality (passport) |       |
| Passport number |       |

**Please note**: enter these data correctly as, in case of acceptance, your further acceptance documents will be prepared based on it.

**II CONTACT INFORMATION**

|  |  |
| --- | --- |
| e-mail |       |
| Phone number |       |

**Please note:** This information will not be shared except to contact the candidate regarding their application to the international mobility. Ensure you enter the correct email and regularly check the junk/spam folder in your inbox.

**III ACADEMIC INFORMATION**

|  |  |
| --- | --- |
| Home University/Institution |       |
| Faculty/Academy/Department |       |
| Study Programme |       |
| Study Level | *Choose a level.* |
| Contact person from home institution |       |
| Email from the contact person |       |

**Please note:** This information will not be shared except to contact the candidate regarding their application to the international mobility. Ensure you enter the correct email and regularly check the junk/spam folder in your inbox.

**IV LANGUAGE PROFICIENCY**

|  |  |
| --- | --- |
| English Language | *Choose a level.* |
| What proof do you have of knowing English language in the stated level? |       |

**Please note:** This information doesn’t exclude you from sending the official proof for knowing the English language!

**V HOST INSTITUTION**

|  |  |
| --- | --- |
| University | **University of Sarajevo** |
| Study Programme |       |
| Planned Duration of Mobility | *Choose a duration*. |
| Planned Period of Mobility | Choose a period. |
| Is your exchange part of any mobility program? | [ ] No [ ]  Yes | If YES, please select the program | Choose an item. |
| Financial support (scholarship) included?  |       |

**VI PRELIMINARY LIST OF COURSES AT THE UNIVERSITY OF SARAJEVO\***

|  |  |  |  |
| --- | --- | --- | --- |
| COURSE CODE | UNSA DEPARTMENT | COURSE  | ECTS |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

\* Make sure to check the Course Catalogue: <https://international.unsa.ba/modules-in-english/>. Follow instructions when choosing modules and departments!

**VII STATEMENT**

|  |
| --- |
| [ ]  I hereby state that my Erasmus+ mobility will not be double funded by other EU funds.[ ]  I confirm that all provided information is accurate. If accepted, I will send supporting documents that verify the given data in this application form. |

**IX SIGNATURE**

|  |
| --- |
| [ ]  I sign this application form electronically by ticking the box.  |

Date: *Enter a date.*