



# Student Application Form To Conservatorio di Musica "F. Cilea"

Via Aschenez prol., 1 - 89123 Reggio Calabria, Italy  
Fax: +39 0965 499417 - email: erasmus.cilea@gmail.com

Please attach a recent passport photo of yourself in this space

All applications must be made through the International Coordinator in your home institution, to be sent by email attachment (scanned documents).

## 1) Personal Details (please fill in BLOCK LETTERS)

Surname: \_\_\_\_\_ Male  Female

Forenames: \_\_\_\_\_

Date of birth: (dd/mm/yyyy) \_\_\_\_\_ Place of birth: \_\_\_\_\_

Age on 1 June of the current year : \_\_\_\_\_ Citizenship: \_\_\_\_\_

Home Study institution: \_\_\_\_\_

Student's Address \_\_\_\_\_ Student's Vacation Address (if different) \_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_ Country \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Mobile phone \_\_\_\_\_ *Please include International Dialing Codes*

E-mail \_\_\_\_\_

## 2) Study Details

Study Name: \_\_\_\_\_ Current Study Programme grade (level) \_\_\_\_\_

Proposed Host Institution(s): \_\_\_\_\_ Preferred Professor at Host Institution (if any): \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Please indicate the period during which you wish to attend the host institution:

From: Month: \_\_\_\_ Year: 20 \_\_\_\_ To: Month: \_\_\_\_ Year: 20 \_\_\_\_ - OR semester: \_\_\_\_\_ Year: 20 \_\_\_\_

*Please continue on page 2*

### For Office Use Home Institution

Erasmus Code: \_\_\_\_\_

Co-ordinator: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax : \_\_\_\_\_

Email: \_\_\_\_\_

### For Office Use Host Institution

CD/DVD |  Acknowledge application

Learning Agreement  Date received \_\_\_\_\_

Transcript received

Provisionally accepted  Result sent to coordinator

Not accepted  Result sent to candidate

### 3) Language Skills

Mother tongue: \_\_\_\_\_

Please indicate your ability in the language of the proposed host institution(s) (please refer to CEFR levels):

|                   |                             |                             |                             |                             |                                |
|-------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------|
| 1) Language _____ | C2 <input type="checkbox"/> | C1 <input type="checkbox"/> | B2 <input type="checkbox"/> | B1 <input type="checkbox"/> | A 1/2 <input type="checkbox"/> |
| 2) Language _____ | C2 <input type="checkbox"/> | C1 <input type="checkbox"/> | B2 <input type="checkbox"/> | B1 <input type="checkbox"/> | A 1/2 <input type="checkbox"/> |
| 3) Language _____ | C2 <input type="checkbox"/> | C1 <input type="checkbox"/> | B2 <input type="checkbox"/> | B1 <input type="checkbox"/> | A 1/2 <input type="checkbox"/> |
|                   | Proficient user             |                             | Independent user            |                             | Basic user                     |

Will you, if necessary, be studying the language of the host institution before the exchange period? Yes  No

In case of A level, do you undertake to achieve a B1 level in Italian or in English at the least? Yes  No

### 4) Study Requirements

Please indicate the required areas of study which you will need to cover during your exchange period. This information will form the basis of a Learning/Traineeship Agreement.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

### 5) Financial Status

Have you sufficient funds to cover your living expenses for the full duration of the exchange? Yes  No

### 6) Your Audition

Please type a YouTube private link of your audition repertoire (up to 15') or enclose some compositions in pdf format if you are a composer. The YouTube video must contain authors and titles of the pieces and you must be clearly recognisable referring to your attached photo.

Audition: \_\_\_\_\_ Your YouTube audition private link: \_\_\_\_\_

Your professor's signature below will be taken as certification that the recorded performance or compositions are your own.

Professor's name and signature \_\_\_\_\_

### 7) Declaration

#### Student declaration

I consent to the host institution recording and processing the information about me given on this form.

I enclose a copy of my ID card or equivalent document.

I declare that all the informations provided herein are correct to the best of my knowledge.

Student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Home institution approval of application:

Professor/Tutor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

International Co-ordinator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_