



# Erasmus+ Student Application Form

**TO: Conservatorio di Musica "F. Cilea"**  
Via G. Reale, 1 - 89123 Reggio Calabria, Italy

E-mail: **erasmus.cilea@gmail.com**  
Erasmus code: I REGGIO03

Please attach a recent passport photo of yourself in this space

This form must be duly filled, stamped and signed, then scanned and sent with a copy of your ID document by email to **erasmus.cilea@gmail.com**.  
Please wait for a return receipt.

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

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

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

Age on 1 June of the current year : \_\_\_\_\_ Male  Female  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 (please write carefully) \_\_\_\_\_

## 2) Study Details

Degree course name: \_\_\_\_\_ Current Study level: 1<sup>st</sup>(BA)  2<sup>nd</sup>(MA)

Proposed other Host Institutions (if any): \_\_\_\_\_ 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: autumn  spring  Year: 20 \_\_\_\_

**▲ We recommend starting your mobility between November and February.**

*Please continue on page 2*

### Home Institution details (to be filled by your Erasmus office):

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

Coordinator: \_\_\_\_\_

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

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

### For Office Use (to be filled by the Conservatorio di Musica "F. Cilea"):

CD/DVD/LINK  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 subjects which you will study during your exchange period. This information will form the basis of the Learning Agreement.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 5) Your audition/compositions/writings

Please type the weblink of your audio and video audition performance recording up to 10/15 min. (or enclose 2 compositions in pdf format if you are a composer or 2 writings in pdf format if you are a musicologist). The video page must contain authors and titles of the pieces.

**Audition weblink (please write carefully):**

.....

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

Professor's name and signature .....

### 6) Student declaration

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

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

-I declare that:

1-all the informations provided herein are correct to the best of my knowledge;

2-I know I must have sufficient funds to cover the living and travel expenses in Italy;

3-I am in compliance with the rules to benefitting from the Italian National Health Service and/or I have a private health insurance valid in Italy.

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

### 7) Home institution approval of the application/Student nomination

Professor/Tutor:	Signature: _____	Stamp	Date: _____
Rector/Director/Head:	Signature: _____		Date: _____
International Coordinator:	Signature: _____		Date: _____