

**International Credit Mobility / KA171
APPLICATION FORM / Study Mobility**

HOME INSTITUTION: **Siena Jazz – Accademia Nazionale del Jazz / SJU**

Erasmus ID Code: **I SIENA 05** | Tel: (+39) 0577-271401
 Coordinator: Jacopo Guidi | e-mail: guidi.mobility@sienajazz.it

Please attach a recent passport photograph

SECTION A / Study Course Information

ACADEMIC YEAR: _____ STUDY COURSE: **S.J.U.** LEVEL: **Bachelor** **Master**

INSTRUMENT: _____ Main Instrument Professors _____ / _____

Currently enrolled in year: _____ Number of study years prior to departure abroad: _____

Exams n.: _____ Everage Grade: _____ Current ECTS n.: _____

SECTION B / Student Information

FAMILY NAME: _____ FIRST NAME(S): _____

DATE OF BIRTH: ___/___/___ PLACE OF BIRTH: _____ ()

NATIONALITY: _____ CURRENT ADDRESS: _____

_____ COUNTRY: _____

Tel. _____ e-mail: _____ GENDER: _____

SECTION C / Destination Institute

indicate three (3) host institutes optional preferences

	INSTITUTE NAME	COUNTRY
1.	_____	_____
2.	_____	_____
3.	_____	_____

SECTION C1 / Mobility Information

MONTHS ABROAD (number): _____ MOBILITY PERIOD: from ___/___/___ to ___/___/___

ECTS credits expected abroad (number): _____



Erasmus+



PERSONAL DATAS

Bank Account N.: _____ Bank Name: _____
IBAN: _____ SWIFT CODE: _____
C.F.: _____

SIGNATURES HOME INSTITUTION

Student: _____ Date: __/__/____