Education and Culture DG

Lifelong Learning Programme

ERASMUS Since 1987

UNIVERSITA' DEGLI STUDI DI CATANIA
STUDENT APPLICATION FORM
ACADEMIC YEAR 2010/2011
FACULTY: .....

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION (Istituzione inviante)

UNIVERSITA' DEGLI STUDI DI CATANIA (ICATANIA 01)

Piazza Università, 2 – 95100 Catania (Italy);

INTERNATIONAL RELATION OFFICE:

via Santa Maria del Rosario 9, 95131 Catania;

INSTITUTIONAL COORDINATOR: Prof. Lina Scalisi

ADMINISTRATIVE COORDINATOR: Dott.ssa Cinzia Tutino

INTERNATIONAL MOBILITY RESPONSIBLE: Dott.ssa Giusy Catanese

Tel: 095 7307106; fax: 095 7307105; e.mail: mobilint@unict.it

INTERNATIONAL RELATION OFFICER – FACULTY OF Political science

Surname and name : Barbagallo Valentina Tel: +39 095 7347 264 Fax:+ 39 095 7347 49 e.mail: urisp@unict.it

AREA COORDINATOR

Surname and name: _____Tel:_____ fax: _____

e-mail:_____

1) Prof. Fulvio Attinà, +39 095 7347 209, +39 095 7347 258, attinaf@unict.it
2) Prof.ssa Francesca Biondi, +39 095 7347238, +39 095 7307 205, biondif@unict.it
3) Prof.ssa Francesca Longo, +39 095 7347 262 - +39 095 7347 205, lonfran@unict.it
4) Prof. Fabrizio Sciacca, +39 095 7461290 - +39 095 531058, fsciacca@unict.it
5) Prof. Vittorio Sciuti Russi, 095 7347216, +39 095 7347 205, sciuti@unict.it
6) Prof. Giuseppe Vecchio, +39 095 70305204, + 39 095 70305246, pippovecchio@unict.it

STUDENT'S PERSONAL DATA (Dati personali dello studente)
(to be completed by the student applying)

Family name:_____ Sex:_____ Nationality:_____

First name (s):_____ Address:_____

Date of birth:_____ E-mail:_____

Place of Birth:_____ Tel.: _____ Mobile phone: _____

INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM:
(Istituzione che riceverà il presente modulo)
CHECK AT: http://unict.llpmanager.it/studenti/reportsAccordi_studenti.aspx

Institution code	Country	Period of study from to	Duration of stay (months)	N° of expected ECTS credits
B LIEGE01 E MADRID03 (Complutense) E MADRID04 (Autonoma) E MURCIA01 D ROSTOCK01 F VERSAIL11 F TOURS01 _____	_____	_____	_____	_____

AUTOEVALUATION OF LANGUAGE COMPETENCE (Competenze linguistiche del candidato)

Mother tongue: .....……..

Other languages	Advanced	Intermediate	Beginner
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

RECEIVING INSTITUTION (Istituzione di accoglienza)
We hereby acknowledge receipt of the application, the proposed learning agreement.
The above-mentioned student is
☐ provisionally accepted at our institution
☐ not accepted at our institution

DEPARTMENTAL COORDINATOR
Surname and name (in capital letters)
TO BE FILLED BY THE RECEIVING INSTITUTION
_____

Signature:_____

Date: _____

INSTITUTIONAL COORDINATOR signature
Surname and name (in capital letters)

_____

Signature: _____

Date: _____

SENDING INSTITUTION (Istituzione d'invio)	
AREA COORDINATOR RESPONSIBLE:	Stamp:

Surname and name (in capital letters) _____ Signature: _____ INTERNATIONAL RELATION OFFICER: Surname and name (in capital letters) SIGNATURE: _____	Date: _____

N.B. Il presente modulo deve essere presentato all'Ufficio Relazioni Internazionali di Facoltà, debitamente compilato, entro un (1) mese dall'accettazione della borsa, specificando il periodo di studio altrimenti l'ufficio non potrà procedere alla spedizione del modulo.