

ERASMUS+ PROGRAMME / KA1

**STUDENT APPLICATION**

*Student Mobility for Studies – Academic Year 2019/2020*

#

|  |  |  |
| --- | --- | --- |
| **ACADEMIC YEAR 2019/2020**Study programme: Principal study subject:  |  | *Please insert a recentpassport photograph* |
| All applications for exchange programmes **must** be made through the International Relations Coordinator in the home institution. This application should be completed in **black**. |  |

# Home Institution Info

|  |  |
| --- | --- |
| Institution Name | **Conservatorio di Musica di Stato Vincenzo Bellini – Palermo** |
| Erasmus Code | **I\_PALERMO04** |
| Responsible Person | **prof. Gregorio Bertolino**, Director of the Conservatory |
| Contact Person | **prof. Giovanni D’Aquila**, Erasmus Coordinator |
| Address | **Via Squarcialupo, 45 – 90133 PALERMO** |
| Phone number and E-mail | **+39 091 580 921 – erasmus@conservatoriobellini.it** |

# Student’s Info

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Nationality |  |
| Sex [M/F] |  | Academic year | **2019 / 2020** |
| Study cycle |  | Subject area | **0215** |

|  |  |
| --- | --- |
| Current address |  |
| Phone number(s) |  |
| E-mail |  |

**Check List – FOR OFFICE USE**

|  |  |
| --- | --- |
| **Host Institution**☐ Application received:☐ Learning Agreement received:☐ Provisionally accepted☐ Result sent to coordinator | ☐ Recorded performance ☐ Audition☐ Transcript received: ☐ Not accepted☐ Result sent to candidate |

# Previous/Current Studies

|  |  |
| --- | --- |
| Diploma / degree for which you are currently studying |  |
| Professor in main field of study |  |
| Number of higher education study years prior to departure abroad |  |

Please attach a transcript including full details of previous and current higher education study. Details not known at the time of application should be provided at a later stage.

# Study Period

|  |  |  |  |
| --- | --- | --- | --- |
| **Study period**Start |  **Study period**End | **Duration of stay**(months) | **Number of expected ECTS Credits** |
|  |  |  |  |

# Desired Courses at Host Institution

|  |  |
| --- | --- |
| **Preferred professors at hostinstitution for main subject**(if applicable) |  |

#

|  |  |  |  |
| --- | --- | --- | --- |
| **Courseunit code**(if available) | **Course unit title**(as indicated in the information package) | **Teaching Method** \* | **No. of ECTS Credits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\* (1) one-to-one teaching, (2) small group teaching, (3) lecture, (4) other.

# List of Applications (in order of preference)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Institution** | **Preferred professor** | **Country** | **Study start** | **Study end** | **Duration** (months) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please inform the other institutions **immediately** if you are admitted at an institution.

# Linguistic Competence

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **English** |  | **French** |  | **Spanish** |  | **German** |  |
| **Altra lingua** |  |

# Audition

|  |
| --- |
| If the receiving institution requires you to send in a certified recording of your audition repertoire, please fill in the following:I have included a certified\* recording of my audition repertoire Yes ☐ No ☐List of pieces performed in your recording:\* Please let the teacher of your main subject sign the recording to certify that it is your own performance. |

# Funding

|  |
| --- |
| Have you already been studying abroad with an ERASMUS grant? Yes ☐ No ☐Do you wish to apply for an Erasmus mobility grant to assist towardsthe additional costs of your study period abroad? Yes ☐ No ☐ |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Date Student’s Signature*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Date International Coordinator’s Signature*