

ERASMUS+ PROGRAMME / KA1

**STUDENT APPLICATION**

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

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| --- | --- | --- |
| **ACADEMIC YEAR 2019/2020**  Study programme:  Principal study subject: |  | *Please insert a recent passport 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 host institution for main subject** (if applicable) |  |

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

\* (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

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| --- |
| 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

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

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*Date Student’s Signature*

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*Date International Coordinator’s Signature*