

**APPLICATION FORM**  
**Erasmus+ students mobility, Eötvös Loránd University**  
for the Academic Year 2020/2021

Family name  First name   
Date of birth:  Nationality:   
Address:   
Neptun code   
Phone:  E-mail:   
Year:  Studies:

Language knowledge (other than the mother tongue):

Lang.:   B2  C1  
  B2  C1  
  B2  C1

**Declaration :**

Hereby I officially declare, that during my university studies (in any country):

I took part in Erasmus+ mobility for studies YES  NO

If YES, when? in , for:  months

I took part in Erasmus+ mobility for traineeship YES  NO

If YES, when? in: , for  months

**Other relevant international scholarship programmes the applicant took part in?:**

Host university/institution	Time period (d/m/y)	Type of programme
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Which university/host institution are you applying to? (Listed in order of preference)

1. Name of Host institution/company, NGO etc.:

Erasmus code (if it has):

Field of profession:  Home Department/Institution:

Language of the studies/traineeship:

Planned start date of the studies/traineeship:

2. Name of Host institution/company, NGO etc.:

Erasmus code (if it has):

Field of profession:  Home Department/Institution:

Language of the studies/ traineeship:

Planned start date of the studies/ traineeship:

3. Name of Host institution/company, NGO etc.:

Erasmus code (if it has):

Field of profession:  Home Department/Institution:

Language of the studies/traineeship:

Planned start date of the studies/traineeship:

**Please attach:**

1. Motivation Letter and Study plan/Work plan
2. Professional CV (in English and in the language of the traineeship)
3. Transcript of Records of your last 2 semesters (from Neptun)
4. Copy of Diploma/Certificate (if you are an MA or PhD student)
5. Copy of residence card (if you are not a Hungarian citizen)
6. Any certificate about the extracurricular activities of the applicant may relevant to the mobility  
+ *extra requirements of the sending Department/Institution/Faculty (if any)*

**I, the undersigned, hereby declare that this form consists true and accurate information.**

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

**Filled out by the Academic Coordinator (or equal)**

I hereby

**ACCEPT and support the applicant for Erasmus+:**

- **Scholarship for, \_\_\_\_\_ months**
- **Zero grant for, \_\_\_\_\_ months**
- **reserve list**

**do NOT accept and support the application of the applicant.**

Name of Host institution/company, etc.: \_\_\_\_\_

Erasmus code (if it has): \_\_\_\_\_

Field of profession: \_\_\_\_\_

Planned start date of the studies/traineeship: \_\_\_\_\_

Planned closing date of the studies/traineeship: \_\_\_\_\_

- I, the undersigned declare, that I will support the preparation of the traineeship considering the requirements of the study programme where the applicant has enrolled.
- I will support the applicant to fulfil the professional requirements of his/her curricula at ELTE.
- I will assist the acknowledgement of the traineeship period of the student at ELTE.
- I understand that this application form is not accepted if it is not filled out completely, if it is illegible or if there are no necessary attachments enclosed.

Faculty: \_\_\_\_\_ Department/Institute: \_\_\_\_\_

Responsible Academic Coordinator

Faculty Erasmus+ Coordinator

name: \_\_\_\_\_

name: \_\_\_\_\_

date: \_\_\_\_\_

date: \_\_\_\_\_

signature: \_\_\_\_\_

signature: \_\_\_\_\_