

International Centre

Erasmus+ - Application Form

Academic YearStudents Placement at Universities(SMP)

Personal Details			
Last Name:	First Name:		
Date of birth:	Nationality:		
Gender:	Course of study:		
Current level of study:	Level of study during the planned placement:		
Level of language skills:			
Contact details			
Address in Freiberg:	Home Address:		
E-Mail-Address:	Telephone:		
Planned stay abroad			
Expected first day	Expected last day:		
Country:	Language of instruction at host institution:		
Host institution:			
Supervisor at TU Bergakademie Freiberg:			

Previous ERASMUS participation

ERASMUS, including periods that were not financially supported (zero grants):						
□ n	one					
□ th	ne following:					
	First day:	Last day:	Study/Placement:			
1. Stay						
2. Stay						
3. Stay						
If applicable: Special needs allowance for students with disabilities (in EUR):						
If applicable: Nature of disability/Reason for special needs allowance:						
I certify	y that the information given is c	orrect:				
Place, Date:		S	Signature:			