**COMRAT STATE UNIVERSITY**

**ERASMUS+ Application Form for Students**

*Please fill out this form and sent it to KDU International Relations Department (*[*internationalofficecsumd@gmail.com*](mailto:internationalofficecsumd@gmail.com) */* [*erasmus@kdu.md*](mailto:erasmus@kdu.md)*) with supporting documents*

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| --- | --- | --- | --- | --- | --- |
| Academic year | : | 20...—20… |  |  |  |
| Semester | : | Fall | Spring | Summer | Full year |
| Level of study | : | Bachelor | Master |  |  |
| Type of mobility | : | Studies | Traineeship |  |  |
| Field of study | : | …………………………………………………………………………………………………………… | | | |
| Intended period of stay | : | from …… / …… / …… till …… / …… / …… | | | |

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| **Student Information** |

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| --- | --- | --- | --- | --- | --- |
| First name | : | ………………………………………………………………………………………………… | | | |
| Family name | : | ………………………………………………………………………………………………… | | | |
| Gender | : | Male | Female |  |  |
| Date and place of birth | : | ………………………………………………………………………………………………… | | | |
| Nationality | : | ………………………………………………………………………………………………… | | | |
| Address | : | …………………………………………………………………………………………………  ………………………………………………………………………………………………… | | | |
| Phone | : | ………………………………………………………………………………………………… | | | |
| E-mail | : | ………………………………………………………………………………………………… | | | |
| Passport (or ID) number | : | ………………………………………………………………………………………………… | | | |
| Emergency contact name | : | ………………………………………………………………………………………………… | | | |
| Emergency contact phone | : | ………………………………………………………………………………………………… | | | |

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| **Sending Institution** |

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| --- | --- | --- |
| Name | : | Comrat State University |
| Erasmus code | : | MD COMRAT01 |
| *Departmental Erasmus Coordinator* | | |
| Name | : | ………………………………………………………………………………………………… |
| Phone | : | ………………………………………………………………………………………………… |
| E-mail | : | ………………………………………………………………………………………………… |
| *Institutional Erasmus Coordinator* | | |
| Name | : | Dr. Kudret Safa Gümüş |
| Phone | : | +373 799 82 458 |
| E-mail | : | [internationalofficecsumd@gmail.com](mailto:internationalofficecsumd@gmail.com) |

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| **Language Competence** |

|  |  |  |
| --- | --- | --- |
| Mother language | : | ………………………………………………………………………………………………… |
| Language of instruction at home institution (if different) | : | ………………………………………………………………………………………………… |
| English Level | : | A1  A2  B1  B2  C1  C2 |

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| **Previous study and traineeship** |

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| --- | --- | --- | --- |
| Have you already been studying abroad within the Erasmus programme in the study cycle of the mobility? | : | Yes | No |
| If Yes, define the period of the mobility | : | from (mm/yyyy) | till (mm/yyyy) |
| Have you already been attending an Erasmus traineeship abroad in the study cycle of the mobility? | : | Yes | No |
| If Yes, define the period of the mobility | : | from (mm/yyyy) | till (mm/yyyy) |

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| **Other information** |

**If relevant, please provide other information such as your previous studies and work experiences.**

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| I hereby certify that I agree with publication of my name, surname and e-mail address for the purposes of the selection procedure.    Name of the student: .................................................. Signature: ......................................... |

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| **APPROVAL BY THE SENDING INSTITUTION** | |
|  | |
| Departmental coordinator’s (contact person) signature | ......................................................... |
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