**COMRAT STATE UNIVERSITY**

**ERASMUS+ Application Form for Students**

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

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| --- | --- | --- | --- | --- | --- |
| Academic year | : | 2025—2026 |  |  |  |
| Semester | : | [x]  Fall  | [ ]  Spring  | [ ]  Summer  | [ ]  Full year |
| Level of study | : | [ ]  Bachelor  | [ ]  Master  |  |  |
| Type of mobility | : | [x]  Studies  | [ ]  Traineeship |  |  |
| Field of study | : | Business and Administration  |
| Intended period of stay | : | from 01 / 10 / 2025 till 20 / 02 / 2026 |

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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 | : | Assoc. Prof. Dr. Svetlana Ghenova  |
| Phone | : | +373 795 78 564 |
| E-mail | : | erasmus@kdu.md  |

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| **Language Competence** |

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| --- | --- | --- |
| 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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