

APPENDIX 25: APPLICATION FORM FOR MOBILITIES FOR STUDIES FOR STUDENTS THAT COME FROM COUNTRIES NOT ASSOCIATED TO THE PROGRAMME

Academic Year: ... / ... - Autumn / Spring Semester

Field of Study:

Erasmus Numerical Code: _____

Eligibility criteria:

- the student is enrolled at one of LBUS partner universities within Erasmus+ framework (first, second, third cycle)
- the student keeps the status of the partner university until he finishes his period of mobility at LBUS
- English language proficiency (minimum level B1).

Required documents:

- \circ CV
- English language proficiency (minimum level B1)
- Learning Agreement for Studies/ Online Learning Agreement for Studies
 - o (section Before Mobility)

This application should be completed in BLACK in order to be easily copied and / or telefaxed. All fields are required. Please complete it with capital letters

SENDING INSTITUTION

Name and full address:
Erasmus ID Code
Faculty / Department of
Departmental co-ordinator:
Phone/Fax number:



e-mail:

STUDENT'S PERSONAL DATA

Family Name:	First name(s):
Date of Birth: / / (dd/mm/yy)	
Sex: Nationality:	
Place of Birth:	
Current address:	Permanent address (if different):
Current address is valid until:	
E-MAIL:	
Tel.:	Tel.:

LANGUAGE COMPETENCE

Mother tongue:		Languag	e of instruction	on at home in	stitution:	
other Languages:	I am current	tly studying	I have	sufficient	I would hav	ve sufficient
	this languag	je	knowledge	to follow	knowledge	if I had
			lectures		some extra	preparation
1.	Yes	No	Yes	No	Yes	No
	0	0	0	0	0	0
2.	0	0	0	0	0	0
3.	0	0	0	0	0	0

PERIOD OF STUDY

From: (dd/mm/yyyy)	To: (dd/mm/yyyy)	Duration of stay (month)	Expected ECTS credits

PREVIOUS AND CURRENT STUDY

Diploma/ Degree for which you are currently studying:

Number of higher education study years prior to departure abroad:



Ministerul Educației

Universitatea "Lucian Blaga" din Sibiu

Have you already been studying abroad?	Yes 🔿	No 🔿
If yes, when? At which institution?		

RECEIVING INSTITUTION

Name and full address:	[Title, Surname & Name of the E+ Inst. Coord.]
LUCIAN BLAGA UNIVERSITY OF	Country: ROMANIA
SIBIU	Victoriei Blvd., no.10
	550024, Sibiu
Faculty / Department of	
Departmental coordinator:	
Phone number:	+40 269 21.60.62.
Fax number:	
email:	international@ulbsibiu.ro

DO YOU NEED ACCOMODATION YES NO

According to the measures of Regulation (EU) 2016/679 on the protection of natural persons regarding the personal data processing and the free movement of such data, entered into force on May 25, 2018, I have taken notice and, unequivocally, I express my consent for "Lucian Blaga" University in Sibiu to process the personal data from the present form for the purpose of registering them in the digital platform of Erasmus+ mobility projects.

According to Regulation (EU) 2016/679, I declare on my own responsibility that I am aware that I benefit from the following rights: the right to access, to intervene on the data, the right not to be subject to an individual decision, the right to go to court. , the right to data portability, the right to restrict processing. In order to exercise these rights, I am aware that I can address a written request, dated and signed, to the management of the University.

Date:

Signature: