



**APPLICATION FORM**  
**ERASMUS + INCOMING STUDENTS**

NAME AND SURNAME	
PLACE AND DATE OF BIRTH	
ID/PASSPORT NUMBER	
NATIONALITY	
ADDRESS	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
SENDING INSTITUTION	
FIELD OF EDUCATION	
CURRENT YEAR OF STUDY	
EQF LEVEL	
DESIRED PERIOD OF STAY (TICK PLEASE)	<input type="checkbox"/> 1 <sup>ST</sup> SEMESTER <input type="checkbox"/> 2 <sup>ND</sup> SEMESTER <input type="checkbox"/> ACADEMIC YEAR
NUMBER OF EXPECTED CREDITS	
ITALIAN LANGUAGE LEVEL	

*Please mail this application filled together with a short motivation letter explaining reasons for choosing Accademia and showing proof/references of the official nomination of your Institution to [erasmus@accademiascala.it](mailto:erasmus@accademiascala.it)*