**ERASMUS+ SHORT TERM MOBILITY APPLICATION FORM:**

**Short-term Doctoral Mobilty**

**Academic year 2023-2024**

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| ***CANDIDATE INFORMATION*** | | |
| **Surname** |  | |
| **First name** |  | |
| **Date of birth** |  | |
| **Citizenship** |  | |
| **CNP (ID number)** |  | |
| **Home address from ID** |  | |
| **Phone number** |  | |
| **E-mail (@e-uvt.ro)** |  | |
| **Doctoral School** |  | |
| **Year of study (or extension, if applicable)** |  | |
| **Specialisation (no abbreviation** |  | |
| **Ați mai participat în mobilități Erasmus+?**  **Când și pentru cât timp?** | 1. **NU** | 1. **DA (ciclul de studii și numărul de luni de mobilitate):**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***INFORMATION ABOUT THE HOST INSTITUTION\**** | | |
| **Institution name** |  | |
| **Proposed period** |  | |
| **Country** |  | |
| **City** |  | |
| **Address** |  | |
| **Contact person** |  | |
| **E-mail** |  | |
| **Phone number** |  | |
| **Language of mobility** |  | |

**\*** *This section is compulsory for students who will be undertaking mobility during their study cycle. Students applying for mobilities for recent graduates may omit this section if they do not yet have an acceptance from the host organisation at the time of application. Applications must be submitted at the latest before the end of the study cycle (before taking the final exam).*

In refference to the Erasmus+ Institutional Coordinator,

The undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, UVT student at the Doctoral School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, specialization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, year \_\_\_\_\_\_\_\_\_\_\_\_, I hereby request your approval to apply for the Erasmus+ selection in order to obtain an:

Erasmus+ Short-Term Mobility in the academic year 20\_\_\_-20\_\_\_.

I attach the selection file to this application.

Date, Student signature,

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