



UNIVERSITY OF ZADAR

APPLICATION FORM FOR ERASMUS+ INCOMING STUDENTS

ERASMUS+ PROJECT 2018-1-HR01-KA107-047254

This application should be completed electronically, printed and signed.

PERSONAL INFORMATION

Name and surname: _____

Date of birth: (dd/mm/yyyy) _____ Place of birth _____

Citizenship: _____ Sex: M F

E-mail: _____

Home address: _____

Mailing address (if different): _____

INFORMATION ABOUT THE STUDIES AT HOME INSTITUTION

Name of the home institution: _____

Name of the study programme at home institution: _____

Current level of study: Bachelor
 Master
 PhD

INFORMATION ABOUT THE INTENDED STUDIES AT UNIVERSITY OF ZADAR

Academic year 20____ / 20____

Name of the home department: _____

All exchange students **must** choose one main Department where more than **50% ECTS will be achieved.**

Duration of mobility: Academic year
 Winter semester
 Spring/Summer semester

If different, please specify: from _____ till _____

FOREIGN LANGUAGE KNOWLEDGE

Mother tongue: _____	Excellent	Very good	Good	Sufficient
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other languages:				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please read the **language requirements** on our web page:

<http://www.unizd.hr/eng/international-relations/student-mobility/language-requirements>

ACCOMMODATION

Do you wish to apply for a place in the student dormitory? If yes, please fill in the Application Form for Accommodation in Student Dormitory:

http://www.unizd.hr/Portals/0/ms/md/en/E_Accommodation_Dormitory.pdf.

YES

NO

BUDDY SYSTEM

Do you wish to participate in Buddy System? If yes please fill in the Buddy System Application Form: <https://esnazar.broaddy.com/register/international>.

YES

NO

SENDING INSTITUTION

To be filled by the academic coordinator responsible for the mobility at the sending institution:

Name of the institution: _____

Name and surname of the coordinator: _____

E-mail: _____

Phone: _____

Herby I confirm that the student _____ (name and surname of the student) is studying at the University of _____ and therefore nominated as Erasmus+ exchange student to the University of Zadar.

It is also confirmed that the above nominated student is selected as the best candidate for participation in Erasmus+ exchange at the University of Zadar, Croatia within the Erasmus+ project 2018-1-HR01-KA107-047254 and that his/her English language skill is equivalent to B2 level of on the CEFR scale.**

Academic coordinator's signature and stamp:

Date: _____

Please note that fluent language skills are vital for successful studies at the University of Zadar. If the language requirements are not met, the University of Zadar will not accept the student and reserves the right to do so even after arrival!

** CEFR - *Common European Framework of Reference for Languages* URL:
<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

DOCUMENTS TO BE ATTACHED TO THE APPLICATION

1. Completed and signed Application form for Erasmus+ Incoming student (in the original);
2. Student Learning Agreement for Studies with proposed programme of study signed by the home institution,
3. Transcript of Records (for bachelor level: transcript of all bachelor courses taken so far; for master level: copy of bachelor diploma and transcript of both bachelor and master courses taken so far);
4. Proof of citizenship (copy of passport or ID card);
5. One photo in colour.

These documents have to be sent in English as a **PDF file** to erasmus@unizd.hr to the following address:

Sveučilište u Zadru
Ured za međunarodnu suradnju
Mihovila Pavlinovića 1
23 000 Zadar,
Croatia

All application documents can be found at the following link:

<http://www.unizd.hr/eng/international-relations/student-mobility/admission-procedure>

I hereby declare that all the information provided in the application is to my best knowledge, correct and complete.

DOUBLE FINANCING DISCLAIMER

Under criminal and material responsibility I declare that no other scholarship originating from the European Union was awarded to me for the purpose of mobility I am applying for.

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

By submitting this application I confirm that I have read and understood all the provisions of the Call for Applications for the Erasmus+ project No.: **2018-1-HR01-KA107-047254** and that I will comply with its terms and conditions. Also, by submitting this application I give my consent to the University of Zadar, acting as a coordinating institutiton, to publicly disclose my personal information and my mobility activity data before, during and after the mobility period.

APPLICATION DEADLINE: 30/11/2018.

Date and place:

Student's Signature:
