

ACCADEMIA DI BELLE ARTI DI FROSINONE
INCOMING STUDENTS APPLICATION FORM
Academic year 2017-2018

PHOTOGRAPH

Handwritten applications will not be considered!

Student's Personal Data

Family name:	
First name(s):	
Male / Female:	Nationality:
Place and date of birth:	
Permanent address:	
Telephone:	Mobile Phone:
E-mail:	
Field and degree of study:	Year of study:

Sending Institute Data

Full name:
Address:
Erasmus code:

Hosting Institution

Full name ACCADEMIA DI BELLE ARTI DI FROSINONE
Address VIALE MARCONI SNC – 03100 FROSINONE
Erasmus code: IFROSINO01
Email address: erasmus@accademiabellearti.fr.it

Intended Period of Study in academic year 2017–2018

- First semester 2 november – 28 february - (approximately)
- Second semester 1st march – 30 june - (approximately)
- Full Year 2 november - 30 Jun (approximately)

Language Competence
Mother tongue:

Other languages:

ITALIAN	ENGLISH	GERMAN	SPANISH
<input type="checkbox"/> I have sufficient knowledge to follow lessons	<input type="checkbox"/> I have sufficient knowledge to follow lessons	<input type="checkbox"/> I have sufficient knowledge to follow lessons	<input type="checkbox"/> I have sufficient knowledge to follow lessons
<input type="checkbox"/> I have some knowledge but not enough to follow lessons	<input type="checkbox"/> I have some knowledge but not enough to follow lessons	<input type="checkbox"/> I have some knowledge but not enough to follow lessons	<input type="checkbox"/> I have some knowledge but not enough to follow lessons
<input type="checkbox"/> I am currently studying this language	<input type="checkbox"/> I am currently studying this language	<input type="checkbox"/> I am currently studying this language	<input type="checkbox"/> I am currently studying this language

Student's signature
Data of Erasmus coordinator Sending Institution:

Name:
Address:
Phone:
E-mail:

Signature:

Date:

Official stamp