

APPLICATION FORM
Erasmus+ long-term student mobility for traineeship, Eötvös Loránd University

Family name First name

Date of birth: Nationality:

Address:

Neptun code

Phone: E-mail:

Study cycle and year: Studies:

Language knowledge (other than the mother tongue):

Lang.: B2 C1

B2 C1

B2 C1

Declaration on previous mobilities:

Hereby I officially declare, that during my current or previous, same level university studies (in any country):

I took part in Erasmus+ mobility for studies YES NO

If YES, when? in , for: months

I took part in Erasmus+ mobility for traineeship YES NO

If YES, when? in: , for months

I took part in an Erasmus+ Blended Intensive Programme YES NO

If YES, when? in: , for days

Other relevant international scholarship programmes the applicant took part in?:

| Host university/institution | Time period (d/m/y) | Type of programme |
|-----------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Declaration on simultaneously submitted applications for the same mobility period in the framework of another call (if relevant, please fill it out):

I, the undersigned hereby declare that simultaneously with my current application I have submitted the following applications:

I. Erasmus+ study abroad program within the framework of agreements for all subject fields: yes no

Name of Host institution (1st choice):

Planned start and closing date of the mobility:

Name of Host institution (2nd choice):

Planned start and closing date of the mobility:

II. Erasmus+ outside Europe: yes no

Name of Host institution (1st choice):

Planned start and closing date of the mobility:

Name of Host institution (2nd choice):

Planned start and closing date of the mobility:

Furthermore, I acknowledge that if I simultaneously submitted any other applications in the framework of the following calls: Erasmus+ [study abroad program within the framework of agreements for all subject fields or outside Europe](#), and one of them will be awarded, my current mobility application for the same mobility period will be considered cancelled by the Department of Erasmus+ and International Programmes.

Which host institution are you currently applying to? (Listed by order of preference)

1. Name of Host institution:

Erasmus code (if it has):

Field of profession: Home Department/Institution:

Language of the traineeship:

Planned start and closing date of the traineeship:

2. Name of Host institution:

Erasmus code (if it has):

Field of profession: Home Department/Institution:

Language of the traineeship:

Planned start and closing date of the traineeship:

3. Name of Host institution:

Erasmus code (if it has):

Field of profession: Home Department/Institution:

Language of the straineship:

Planned start and closing date of the traineeship:

The exact documents and annexes to be attached to the application are included in the faculty or institute/department call for application.

I acknowledge that the *application form* that is incomplete, illegible or not accompanied by the required attachments is *invalid*.

I acknowledge that in the case of traineeship mobilities with continuous application, the application for [additional financial support for students with fewer opportunities](#) must be **submitted at the same time as the mobility application** and applications submitted after this deadline will not be accepted.

I, the undersigned, hereby declare that this form consists true and accurate information.

Date: _____ Signature: _____

To be filled out by the person judging the application or appointed by the faculty in case of a traineeship mobility:

I hereby

- ACCEPT and support the applicant for Erasmus+:**
- **Scholarship for, _____ months**
 - **Zero grant for, _____ months**
 - **reserve list**
- do NOT accept and support the application of the applicant.**

Name of Host institution: _____

Erasmus code (if any): _____

Field of profession: _____

Planned start date of the traineeship: _____

Planned closing date of the traineeship: _____

- I, the undersigned declare, that I will support the preparation of the traineeship considering the requirements of the study programme where the applicant has enrolled.
- I will support the applicant to fulfil the professional requirements of his/her curricula at ELTE.
- I will assist the acknowledgement of the traineeship period of the student at ELTE.

Faculty: _____ Department/Institute: _____

Person responsible for the professional activity Head of Department/ Person authorized by the Faculty

name: _____

name: _____

date: _____

date: _____

signature: _____

signature: _____