ERASMUS + PROGRAMME

## STUDENT MOBILITY

Academic Year 2024/2025

Incoming Student's Application Form

Surname
Name $\qquad$
Sending Institution Erasmus+ code
Degree Program in $\qquad$
Year of study $\qquad$ Under- / Post-graduate $\qquad$


Contact person in your home institution: $\qquad$
Ph. $\qquad$ email $\qquad$

Student's email $\qquad$
Student's Date of birth $\qquad$ Place of Birth $\qquad$ Country $\qquad$
Student's Home address $\qquad$ City $\qquad$
Postcode $\qquad$ Country $\qquad$ Nationality $\qquad$
Family contact person $\qquad$
Degree of kinship $\qquad$ Ph. $\qquad$
Postal Address $\qquad$ Country $\qquad$ Postcode $\qquad$
Period of staying: from $\qquad$ to $\qquad$
Degree Program in $\qquad$

Date $\qquad$ Applicant's signature $\qquad$

Please pay attention when drafting the document. Incomplete and / or incorrect applications may be refused.

Accademia di Belle Arti legalmente riconosciuta dal Ministero dell'Istruzione, dell'Università e della Ricerca. Certified UNI EN ISO 9001:2015

The personal data acquired are processed by the Company, the data controller, to enable the proper performance of the activities related to the established relationship. Further specific purposes shall be pursued only if authorised. All information regarding data processing is included in the privacy policy attached to this form. The undersigned declares to have read the policy and undertakes to submit this document to the persons to whom the data reported by the same in the application refer., so that said persons can be adequately informed

Read, approved and signed in Rome, on $\qquad$
Clear and legible signature

To be completed only in the case of the student's disability or inability
Given that the Company processes certain data relating to the student's health status for educational purposes, also associated with the logistics organisation, the explicit consent of the data subject to said processing is required

The undersigned $\qquad$ having received the privacy policy (attached), consent to the processing of specific data (relating to his/her health status) for the purposes specified in the privacy policy.

Read, approved and signed in Rome, on $\qquad$

Clear and legible signature

Consent for marketing purposes
If you wish to receive promotional communications and updates on the Company's initiatives and activities, you must authorise the processing of your data for said purposes. If you do not give your consent, this will not affect the relationship. Please find the specifications regarding processing in the privacy policy attached.

The undersigned, having received the privacy policy (attached), as regards the processing of data for marketing purposes, as specified in the policy,

O consents to processing
O does not consent to processing

Read, approved and signed in Rome, on $\qquad$
Clear and legible signature

