

ERASMUS+ PROGRAMME / KA1  
**STUDENT APPLICATION**

*Student Mobility for Studies*  
Academic Year 2016-2017

**ACADEMIC YEAR 2016/2017**

Study Programme: \_\_\_\_\_

Principal study subject: \_\_\_\_\_

*Please attach a recent  
passport photograph*

All applications for exchange programmes **must** be made through the International Relations Coordinator in the home institution.  
This application should be completed in **black**.

### Home Institution Info

|                                |  |
|--------------------------------|--|
| <b>Institution Name</b>        | Conservatorio di Musica Tito Schipa – Lecce              |
| <b>Erasmus Code</b>            | I LECCE03  |
| <b>Responsible Person</b>      | prof. Salvatore Stefanelli, Director of the Conservatory |
| <b>Contact Person</b>          | prof. Maria Pina Solazzo, Erasmus Coordinator            |
| <b>Address</b>                 | Via Ciardo, 2 - 73100 Lecce, Italy                       |
| <b>Phone number and E-mail</b> | +39 0832 34 42 67 – erasmus@conservatoriolecce.it        |

### Student's Info

|                      |  |                      |             |
|----------------------|--|----------------------|-------------|
| <b>Last name(s)</b>  |  | <b>First name(s)</b> |             |
| <b>Date of birth</b> |  | <b>Nationality</b>   | ITALIAN     |
| <b>Sex [M/F]</b>     |  | <b>Academic year</b> | 20__ / 20__ |
| <b>Study cycle</b>   |  | <b>Subject area</b>  | 0215        |

|                        |  |
|------------------------|--|
| <b>Current address</b> |  |
| <b>Phone number(s)</b> |  |
| <b>E-mail</b>          |  |

### Check List – FOR OFFICE USE

|  |  |                                   |
|--|--|-----------------------------------|
| <b>Host Institution</b><br><input type="checkbox"/> Application received:<br><input type="checkbox"/> Learning Agreement received:<br><input type="checkbox"/> Provisionally accepted<br><input type="checkbox"/> Result sent to coordinator | <input type="checkbox"/> Recorded performance<br><input type="checkbox"/> Transcript received:<br><input type="checkbox"/> Not accepted<br><input type="checkbox"/> Result sent to candidate | <input type="checkbox"/> Audition |
|--|--|-----------------------------------|

### Previous/Current Studies

|   |  |
|---|--|
| <b>Diploma / degree for which you are currently studying</b>            |  |
| <b>Professor in main field of study</b>                                 |  |
| <b>Number of higher education study years prior to departure abroad</b> |  |

Please attach a transcript including full details of previous and current higher education study. Details not known at the time of application should be provided at a later stage.

### Desired Courses at Host Institution

| Study period<br>Start | Study period<br>End | Duration of stay<br>(months) | Number of expected<br>ECTS Credits |
|-----------------------|---------------------|------------------------------|------------------------------------|
|                       |                     |                              |                                    |

|  |                                  |
|--|----------------------------------|
| <b>Preferred professors at host institution for main subject (if applicable)</b> | 1. _____<br>2. _____<br>3. _____ |
|--|----------------------------------|

| Course unit code<br>(if available) | Course unit title<br>(as indicated in the information package) | Teaching Method * | No. of ECTS Credits |
|------------------------------------|--|-------------------|---------------------|
|                                    |  |                   |                     |
|                                    |  |                   |                     |
|                                    |  |                   |                     |
|                                    |  |                   |                     |
|                                    |  |                   |                     |

\* (1) one-to-one teaching, (2) small group teaching, (3) lecture, (4) other.

### List of Applications (in order of preference)

| Institution | Preferred professor | Country | Study start | Study end | Duration (months) |
|-------------|---------------------|---------|-------------|-----------|-------------------|
|             |                     |         |             |           |                   |
|             |                     |         |             |           |                   |
|             |                     |         |             |           |                   |

Please inform the other institutions **immediately** if you are admitted at an institution.

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## Linguistic Competence

|              | A1 | A2 | B1 | B2 |
|--------------|----|----|----|----|
| English      |    |    |    |    |
| German       |    |    |    |    |
| French       |    |    |    |    |
| Spanish      |    |    |    |    |
| Other: _____ |    |    |    |    |

## Audition

If the receiving institution requires you to send in a certified recording of your audition repertoire, please fill in the following:

I have included a certified\* recording of my audition repertoire Yes  No

List of pieces performed in your recording : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Please let the teacher of your main subject sign the recording to certify that it is your own performance.

## Funding

Have you already been studying abroad with an ERASMUS grant? Yes  No

Do you wish to apply for an Erasmus mobility grant to assist towards the additional costs of your study period abroad? Yes  No

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*International Coordinator's Signature*

\_\_\_\_\_