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| **ERASMUS+ INTERNSHIP MOBILITY APPLICATION STATEMENT** |

**PERSONAL DATA**

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| First name:  | Surname:  |
| CEU Department:  |
| Have you already participated in Erasmus Mobility? **[ ]**  Yes **[ ]**  No |
| If yes, for how many months and in which study cycle? (BA, MA, PhD) Please, also indicate if you had the Erasmus student status but did not receive a grant. | BA [ ]  no. of months:   MA [ ]  no. of months:   PhD **[ ]**  no. of months:    |
| Are you pursuing this internship as a requirement or recommendation by your academic program? | [ ]  Yes [ ]  No |
| Are you receiving funding from a CEU source regarding this internship? | [ ]  Yes [ ]  No |
| Non-EU citizens who will be continuing their studies at CEU in Austria in the Fall term of 2022, must have a valid residence permit during the whole duration of the proposed internship. Please, confirm that you have a valid residence permit during the whole duration of the internship: | [ ]  Yes [ ]  No[ ]  Not applicable |

DISABILITY DECLARATION

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| Do you have a disability for which special arrangements need to be considered? | [ ]  Yes [ ]  No |
| Please attach an extra sheet for explanation if your answer is yes.□ I hereby give my voluntary and explicit consent to the University to manage my disability data provided by me in compliance with the applicable data privacy rules and the University’s internal policies for the purpose of an eligibility check for additional grants, which are available for students with disabilities and wishing to participate in an Erasmus+ placement |

RECEIVING ORGANIZATION

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| Name of host organization:       |
| Address:       |
| Offered position:       |
| Contact person name:       | Email:       |
| Proposed period abroad: From:   /  /     | To:   /  /     | Duration in months:  |

EXTRA CURRICULAR ACTIVITIES, INTERESTS

ADDITIONAL INFORMATION IN SUPPORT OF THE APPLICATION

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REFERENCES

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| Please supply information of two references, who could be contacted if the further references are required. |
| Name, Surname | Email address | Telephone |
|       |       |       |
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SIGNATURES

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| *I DECLARE THAT THE INFORMATION GIVEN IS CORRECT*Name of the applicant:      Date:   /  /     | Signature |
| Name of academic responsible at CEU\*:      Date:   /  /     | Signature |

8 Head of Department/Program Head/Relevant Supervisor