##





## ERASMUS TEACHING APPLICATION FORM University of Santiago Compostela

##  -spain mobility

**Deadline: 30/04/2021.**

**PLEASE USE A COMPUTER TO FILL IN THIS FORM**

|  |  |
| --- | --- |
|  Passport or ID Card Number (Compulsory) |  |
| Given Name:  |  |
| Family Name:  |  |
| Sex: | Male [ ]  Female [ ]  |
| Date of Birth:(e.g. dd-mm-yyyy) |  |
| E-mail: |  |
| Telephone Number: (+216…) |  |
| Address:Postcode:City:Country |  |
| Level of English | A1[ ]  A2 [ ]  B1[ ]  B2 [ ]  C1 [ ]  C2 [ ]  \* |
| Date de la derrière mission E+ (KA1 ou KA2) |  |

**Academic Information:**

|  |  |
| --- | --- |
| Home University: |  |
| Faculty/ Department |  |
| Degree: |  |
| Level: | Staff Aca: [ ]  |
| Check list  |

|  |  |
| --- | --- |
| Application form | [ ]  |
| Teaching agreement mobility | [ ]  |
| CV europass | [ ]  |
| Scientific Diplomas | [ ]  |
| Motivation letter | [ ]  |
| Letter of support | [ ]  |
| Honor declaration | [ ]  |
| Invitation proof | [ ]  |
| English level certificate | [ ]  |
| Other | [ ]  ……………………… |

 |

|  |  |
| --- | --- |
| Host University: |  |
| Faculty/ Department |  |
| Degree: |  |
| Level: | Staff Aca: [ ]   |

|  |
| --- |
| Candidate’s Signature:Dean/Director responsible’s Signature:**Stamp** of the Higher Institution:**This application must be completely filled out and signed** |