To complete this form:

• Answer all questions on the form

• Use BLOCK LETTERS and check boxes where required

Full year/Semester 1: 15 May Semester 2: 1 November **DEADLINES:** 



## MIGUEL HERNÁNDEZ UNIVERSITY OF ELCHE (E ELCHE01) **Incoming Student's Application Form. Academic Year 20**

Exchange Pro	ogramme: Ll	LP E	RASMUS		ther 🗆 :	·		
STUDENT'S PERSONAL I	DETAILS							
Last name/Family name							_	
First name							_	
Date of birth (dd/mm/yyyy)			Place of birth				_	
ID/Passport number			Date of expiry	<i>'</i>			(P	hotograph)
Nationality								···otog·up···/
Gender	Male □ F	emale	e 🗆					
Phone number								
Email address								
Permanent address	Street and numb	oer						
	Town/City	1			Postcod	e/Zip		
	State/Province	ı			Country			
	Last name	1			First nar	ne		
Emergency contact	Relationship	ı						
	Email				Telepho	ne		
OTUDENTIO 404 DEMIS	DET 411 0							
STUDENT'S ACADEMIC IN Name of home institution	JETAILS							
ERASMUS code								
Faculty/Department at home institution								
Diploma/Degree for which you are currently studying								
Current year of study								
Exchange coordinator at home institution	Name							
	A							
	Address							
	Telephone				Fax			
	Email							
STUDY PERIOD DETAILS	<u> </u>							
Study period	Full year		Semester 1	]	Semester 2	<u> </u>	Other	
	Start date				End date			
Degree/Course you will be	studying at the L	JMH						
Level of Study at the UMH		Undergraduate ☐ Postgraduate (Master's) ☐ Postgraduate (Doctoral)						ctoral)

Email: movilidad@umh.es

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• Answer all questions on the form

• Use BLOCK LETTERS and check boxes where required

DEADLINES: Full year/Semester 1: 15 May Semester 2: 1 November



SUPPORT SERVICES											
Do you have any disability,	impediment or le	ong-term medi	cal condition tl	hat may affect	t your studies?						
No 🗆											
Yes   Hearing   Lea	arning 🛭 Mobi	lity 🔲 Visio	n 🛮 Medica	I   Other:							
LANGUAGE COMPETEN	CE										
Mother tongue											
Language of instruction at											
Other Languages	I am currently studying this language			ent follow	I would have sufficient knowledge to follow lectures if I had some extra preparation						
1:	Yes 🗆	No 🗆	Yes 🗆	No 🗆	Yes 🗆	No 🗆					
2:	Yes 🗆	No 🗆	Yes 🗆	No 🗆	Yes 🗆	No 🗆					
3:	Yes 🗆	No 🗆	Yes 🗆	No 🗆	Yes 🗆	No 🗆					
IMPORTANT!	Spanish language certificate will be required (at least <u>LEVEL A2 DELE</u> or equivalent certificate)										
IIII ORTANT:	<b>Erasmus coordinators</b> at home universities may authenticate the student's ability in the Spanish language										
	☐ I hereby confirm that our student has at least a <u>LEVEL A2 DELE</u> (or equivalent) of Spanish										
Caardinatar at hama	Name of signato										
Coordinator at home institution	Title of signatory										
	Email of signatory										
	Signature:		Date:		Stamp:						
Student's signature:	Date:										
SENDING INSTITUTION											
We hereby confirm that the	above named s	tudent has bee	en officially nor	minated for the	e mobility progra	amme.					
Name and signature of the	coordinator of th	ne programme	at the home in	stitution:							
Date and stamp:											
RECEIVING INSTITUTION	l .										
We hereby acknowledge re	eceipt of the appl	ication. The ab	ove named st	udent is:							
☐ Provisionally accepte	d at our institution	n	☐ Not acc	epted							
Name and signature of the	coordinator of th	ne programme	at the host ins	titution:							
Date and stamp:											