





**CALL FOR EUROPEAN AND INTERNATIONAL MOBILITY FOR** **THE** **PURPOSE OF STUDY (SMS) – Academic Year** **2024/2025**

(The application must be **completed by computer,** and submitted as prescribed in the Call. Otherwise, the application will be invalidated and you will not be eligible to compete for scholarships)

**PAPER FORM RESERVED FOR STUDENTS PRE-ENROLLED IN THE FIRST YEAR OF A MASTER'S DEGREE 2023/2024**



# PERSONAL DATA

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Name |  |
| Place of birth |  | Prov. |  |
| Date of birth |  | Age |  |
| Nationality |  | Student number (Matricola) |  |
| Tax Code (Codice Fiscale) |  | | |

**RESIDENCE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street, number | |  | | | | Zip code |  | | Municipality | | |  | | | Prov. | |  |
| Phone number |  | | | Cell. |  | | | E-mail | | | @studenti.unipr.it | | | | | | |
| **DOMICILE:**  **(fill in only if it is different from the residence)** | | | Street, number. | |  | | | | | | | | | | | | |
| Municipality | |  | | | | | Zip code | | |  | Prov. | |  | |

# LEVEL OF STUDIES

|  |  |  |  |
| --- | --- | --- | --- |
| DEPARTMENT OF AFFILIATION | |  | |
| Year of first enrollment | |  | |
| Year of attendance at the time of application  **(Specify if “fuori corso”)** | | |  |
| Course of study  **(Specify whether L**, **LM, CLM**, **Phd SS and name of the course attended)** | |  | |
| **Legenda:** | **1ST CYCLE** | **L – Bachelor's Degree (1st cycle)** | |
| **2ND CYCLE** | **LM – Master's Degree (2nd cycle)**  **LMC – Degree Masterful** **and** **Cycle Unique (2nd cycle)** | |
| **3RD CYCLE** | **Phd – Doctor of Philosophy (3rd cycle)**  **SS – School of Specialization (3rd cycle)** | |

## following a careful reading of the call,

## REQUESTS

To participate in the selection for the award of a mobility scholarship under the Call for European and International for the purpose of study 2024/2025 (indicate institutions in preferential order):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **University**  (Indicate name as per Call – Attachment A) | | **AREA** | **ERASMUS Code**  **(Only Erasmus+area)** | **Double degree mobility** | **Months** |
| 1 |  | Choose your area |  | YES NO |  |
| 2 |  | Choose your area |  | YES NO |  |
| 3 |  | Choose your area |  | YES NO |  |
| 4 |  | Choose your area |  | YES NO |  |

The undersigned acknowledges that:

1. in case of obtaining the academic title or suspension of the career on a date prior to the date of selection by the Selection Committee, the possibility of participating in the selection will be forfeited;
2. in case of assignment of a mobility scholarship, acceptance or withdrawal should be communicated to U.O. Internazionalizzazione (erasmus@unipr.it), within 5 days of the publication of the ranking;
3. the minimum duration of stay abroad to obtain the status of mobile student is 2 months (60 days) and, in any case, not extendable beyond July 31, 2025;

I, the undersigned, declare (tick the item that applies):

to be a citizen of one of the Member States of the European Union;

not to be a citizen of one of the Member States of the European Union, but to be

regularly enrolled in a degree course at the University of Parma.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tick only if applicable** | | | | | | |
|  | to have already benefited, in the past, from other mobility contributions such as ERASMUS+, Lifelong Learning Program, Erasmus Mundus. | | | | | |
| **Duration (in months):** | |  | **Program:** |  | **A.Y.:** |  |
| **Duration (in months):** | |  | **Program:** |  | **A.Y.:** |  |
| **Duration (in months):** | |  | **Program:** |  | **A.Y.:** |  |

The undersigned also declares to be aware that in order to be eligible in the academic year 2024/2025 for an ERASMUS+ SMS scholarship, he/she must:

## be enrolled in a degree course of the University of Parma for the academic year 2024/2025 BEFORE departure for the institution of destination;

1. **be in possession** of all the requirements detailed by the Call;
2. **be a student** (therefore not already graduated) at the time of submission of the application;
3. **take**, if the [exemption categories](https://www.unipr.it/LPT) do not apply, the language placement test (LPT), as indicated in the Call; he/she also declares that he/she is aware that failure to take the language test will invalidate this application even if it has been already submitted to the University Protocol Office.

The undersigned authorizes the processing of their personal data pursuant to Legislative Decree no. 196/2003 and s.m.i. and the European Regulation on the protection of personal data, n. 679/2016.

I, the undersigned, attach to this application:

|  |  |
| --- | --- |
|  | ANNEX F: Motivational letter (**mandatory** **annex** to application) |
|  | SELF-CERTIFICATION OF REGISTRATION WITH LIST OF EXAMS TAKEN (to be attached to the application form). Students enrolled in a Laurea Magistrale (equivalent to Master of Science) Programme must also attach the self-certification with exams relative to their Bachelor’s degree. |
|  | (Additional certification, please specify) |
|  | (Additional certification, please specify) |

Date:

Signature (digital signature is also allowed):

*To be delivered or sent,* ***with*** *the* ***relative attachments****, within the deadline set in the Call to:*

## University of Parma

## Protocol Office

**Via Università, 12 – 43121 Parma**

[**protocollo@unipr.it**](mailto:%20protocollo@unipr.it)

## (Mon-Wed-Fri 9-13, Tue-Thu 9-13 and 15-17)

**N.B. THE APPLICATION MUST BE SENT FROM AN INSTITUTIONAL EMAIL ADDRESS, AND A COPY OF** **A** **VALID IDENTITY DOCUMENT MUST BE ATTACHED**