



UNIVERSITA'
CAMPUS
BIO-MEDICO
DI ROMA

ERASMUS INCOMING STUDENTS APPLICATION FORM

SMS

SMP

Before sending your application form, please make sure to fill in all requested fields.

Handwriting is not allowed.

RECEIVING INSTITUTION:

University: Università Campus Bio-Medico di Roma (UCBM)

Erasmus code: I ROMA14

International Relations Office (PRABB Building)

Via Álvaro del Portillo n. 21, 00128 Rome, Italy

Tel.: +39 0622541.8124 / 8887

E-mail: relazioni.internazionali@unicampus.it

SENDING INSTITUTION:

University

Erasmus code

**School of /
Faculty**

Address

Insurance for Internship risks n.

Company name

International Relation Officer (contact person):

Name

E-mail

Tel.

Erasmus Coordinator (contact person):

Name

E-mail

Tel.

Mother Tongue

Italian language knowledge (A1, A2, B1, B2, C1, C2 of Common European Framework of Reference for Languages):

Reading

Writing

Listening

Speaking

Do you have sufficient knowledge to follow lectures in Italian? YES NO

Are you currently studying the Italian language? YES NO

CONTACT PERSON FOR EMERGENCY:

Name

Relationship

Mobile (international code + number)

Telephone

Email

Address

PLEASE CHECK THAT YOU HAVE ENCLOSED THE FOLLOWING DOCUMENTS:

- Learning Agreement or Training Agreement duly signed by the home Institution
- Curriculum vitae and motivation letter
- Transcript of records at the home Institution
- Copy of passport or identity card
- Copy of the European Health insurance card
- Proof of immunity to Tuberculosis, Rubella and Hepatitis (for Medicine students only)

Student's signature _____