



Erasmus+ Application Form for Teaching/Administrative Staff

ACADEMIC YEAR:

PERSONAL DATA

Family name		
First name		
Date and place of birth		
Citizenship	Macedonian	
Gender	M	F
Address		
Telephone (country code/area code/no)		
E-mail address		
Academic degree		
Academic title		

HOME INSTITUTION

Name of the home institution Faculty	European University-Republic of Macedonia
Country	Republic of Macedonia
Erasmus code	MK SKOPJE05
Name of the contact person	Verica Najdovska

LANGUAGE COMPETENCE

Mother tongue	Macedonian
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Evaluate your language competence by inserting the appropriate code (A1, A2, B1, B2, etc.) according to the Common European Framework of Reference for Languages (competencies descriptions in the Appendix to Tender).

Foreign language	Listening	Reading	Speaking

HOST INSTITUTION

Name of institution Faculty	
Country	

EXCHANGE

Term (winter/summer)	summer
Duration of stay at the host institution (in days)	

*Prior to departure, candidates should contact their colleagues at the host institution and agree on the details regarding the work plan.

PREVIOUS PARTICIPATION IN MOBILITY PROGRAMMES

Have you participated in any mobility programme so far?	YES	<u>NO</u>
If YES, in which programme and when?		

STATEMENT ON DOUBLE FINANCING

On full financial liability I state that I am not a beneficiary of other grant awarded for the same purpose.

Signature:

Place and date:

Candidate's signature: