

GRANT APPLICATION FORM

This activity is supported by the Commission of the European Communities within the framework of the Lifelong Learning Programme - Erasmus.

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS

Academic Year	
Family Name	
Forename	
Sex (M (male) F (female))	
Date of Birth	
Age	
Nationality	
Fee Status (Home/EU/Island/International)	
Student Number	
School	
Degree Title	
Number of years of university study completed	
Is going abroad a compulsory part of your course?	
Have you had an Erasmus grant before?	
Do you have a disability? If so please give details (additional funding may be possible)	
Country of Destination	
Name of Host University	
Erasmus University Code (see Annex 1)	
Dates of academic course abroad	
Date of departure from the UK	
Start date of course at Host University	
End date of course at Host University	
Language of Instruction	
Are you attending a language course in the host country prior to starting academic study? If so, please specify dates.	

Address for correspondence in the UK	
Home telephone	
Mobile telephone	
University e-mail	
Personal e-mail	
Overseas address	

Signature of student: _____ Date: _____

Signature of Institutional Representative: _____ Date: _____