

ERASMUS+
MOBILITY FOR LEARNERS
ACADEMIC YEAR 2018/2019
STUDENT APPLICATION FORM

Field of study: Fine Arts

Period: Winter term / Summer term / Whole year

SENDING INSTITUTION

Name of sending institution:

ERASMUS code:

Address:

Country:

Mail address:

Responsible person and function:

E-mail:

Tel.:

STUDENT'S PERSONAL DATA

Family name:

First name:

Date and place of birth:

Nationality:

Country:

Tel.:

E-mail:

Subject requested:

Briefly state the reasons why you wish to study abroad?

RECEIVING INSTITUTION

Name : **Ecole supérieure des Arts de la Ville de LIEGE (ESAVL)**

ERASMUS code: **B LIEGE 02**

Address : **Rue des Anglais 21- 4000 LIEGE**

Country : **Belgique**

Mail address: www.esavl.be

Responsible person and function: **Marie ZOLAMIAN Erasmus Coordinator**

E-mail: mariezolamian@gmail.com

Tel.: **+32 4 221 70 70**

RECEIVING INSTITUTION:

Institutional Coordinator: **Marie ZOLAMIAN**

Stamp and Date

Signature

SENDING INSTITUTION:

Institutional Coordinator:

Stamp and date

Signature

STUDENT'S NAME:

Student's signature

Date