

**ERASMUS+ KA1**  
**APPLICATION FORM FOR STUDENT/TRAINEESHIP MOBILITY**  
**Academic Year: 20..... – 20....**

**Type of activity interested in:**

- Study mobility at a partner institution abroad ☐
  - Fall ☐
  - Spring ☐
- Traineeship in a workplace abroad as a current student ☐
  - Fall ☐
  - Spring ☐
  - Summer ☐
- Traineeship in a workplace abroad as a recent graduate ☐
  - Starting – ending dates of traineeship: .....

Surname: .....

Name: .....

Date of Birth: .....

Nationality: .....

Home Address: .....

Mobile phone: .....

Student ID: .....

Email: .....

Program of Study: .....

Study Cycle: (Bachelor ☐ Master ☐  
PhD ☐)

Year of Study: .....

Foreign Languages: (a) ..... (b) ..... (c) .....

Prior participation in Erasmus+ activities: Yes ☐ No ☐

**Study Mobility**

I am interested in joining the following institution for my Erasmus+ mobility (please prioritize options):

Host University	Country	Nomination deadline at the Host University

**Traineeship Mobility**

I am interested in joining the following organization for my Erasmus+ traineeship:

Host Organization	Country

International Relations Office  
American University of Cyprus  
Ammochostou Avenue 52, 6019 Larnaca, Cyprus  
Tel: +357 24 209000