

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

Home University Information	
Name of Home University	
Address of Home University	
Erasmus Code	
Erasmus Coordinator's full name	
Erasmus Coordinator email	

Applicant Student Information	
Surname	
Name	
Email	
Address	
Date of Birth	
Gender	
Nationality	
Program of Study	
Study Cycle	Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>
Duration	Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Full Academic Year <input type="checkbox"/>

Language Competence						
Native Language						
Language of Instruction at Home University						
Other Languages	I am currently studying this language	I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation		
	Yes	No	Yes	No	Yes	No
.....						
.....						
.....						

Receiving Institution	
We hereby acknowledge receipt of the application and all required documents.	
<p>The above-mentioned student is <input type="checkbox"/> provisionally accepted at our institution</p> <p><input type="checkbox"/> not accepted at our institution</p>	
Faculty Representative Signature	Registrar's Office Signature
.....	.....
Date	Date
.....	.....

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