



DEPARTMENT OF LAW

CALL FOR APPLICATIONS: POSTGRADUATE-CIEL ERASMUS+ MOBILITY EXCHANGE FOR THE 2023-2024 ACADEMIC YEAR

APPLICATION FORM

PERSONAL INFORMATION:		
Name:	First Surname:	Second Surname:
DNI:	Address:	
Postcode:	City:	
Phone number:	E-mail:	
ACADEMIC BACKGROUN	ND:	
Previous bachelor studie	es:	
University:		
Year:		
Receiving institution (CI	EL University)	
University		
Motivation		





Attached Documents			
Official Certificate of language requirement			
Proposal of Learning Agreement			
I hereby declare not having been beneficiary of an Erasmus exchange grant.			
Place and date:	Signature:		