



DEPARTMENT OF LAW

CALL FOR APPLICATIONS: POSTGRADUATE-CIEL ERASMUS+ MOBILITY EXCHANGE FOR THE 2024-2025 ACADEMIC YEAR

APPLICATION FORM

PERSONAL INFORMATION:			
Name:	First Surname:	Second Surname:	
DNI:	Address:		
DNI.	Address.		
Postcode:	City:		
Phone number:	E-mail:		
	L man.		
ACADEMIC BACKGROUN			
Previous bachelor studie	S:		
University:			
,			
Year:			
Dessiring institution (CII	El Haironita I		
Receiving institution (CIEL 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:		