**DEPARTMENT OF LAW**

**CALL FOR APPLICATIONS: POSTGRADUATE-CIEL ERASMUS+ MOBILITY EXCHANGE FOR THE 2020-2021 ACADEMIC YEAR**

**APPLICATION FORM**

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| PERSONAL INFORMATION: | | | |
| Name: | First Surname: | | Second Surname: |
| DNI: | | Address: | |
| Postcode: | City: | | |
| Phone number: | E-mail: | | |

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| ACADEMIC BACKGROUND: |
| Previous bachelor studies: |
| University: |
| Year: |

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| Receiving institution (CIEL University) |
| University |
| Motivation |

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| Attached Documents |
| Official Certificate of language requirement  Proposal of Learning Agreement |
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I hereby declare not having been beneficiary of an Erasmus exchange grant.

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| Place and date: | Signature: |