**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:  |