



DEPARTMENT OF LAW

**CALL FOR APPLICATIONS: POSTGRADUATE-CIEL ERASMUS+ MOBILITY EXCHANGE FOR THE
2026-2027 ACADEMIC YEAR**

APPLICATION FORM

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

ACADEMIC BACKGROUND:
Previous bachelor studies:
University:
Year:

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:
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