



Escola Superior d'Art Dramàtic de les Illes Balears

Codi de Centre: 07013292 CIF: G57413064 c/ del Morer, 6. 07001 Palma

tel 971 713 628 fax: 971 713 215

mobility@esadib.com www.esadib.com

## Application form for incoming and outgoing students Lifelong Learning Programme: ERASMUS (higher education)

Please type or use BLOCK CAPITALS only when completing this form. Scan all documents and send them to <a href="mailto:mobility@esadib.com">mobility@esadib.com</a> or post it to the address above.

The closing date for receipt of all applications is 30 June (1<sup>st</sup> semester) and 23 December (2<sup>nd</sup> semester), for the next Academic Year. Applications submitted after these dates will be returned.

## UNDERGRADUATE

**POSTGRADUATE** 

(tick one option)

A. PERSONAL DATA
Last name:
(Family name or surname as on passport)
First name:
Address for Correspondence:
E-mail address: (Please write clearly)
Telephone:
(day, month, & year)
Nationality: Country of Birth:
Permanent Home Address (If different from above:
Telephone: Fax:
Mother Language: Second Language: Second Language:
Tiother Language.
B. ERASMUS CONTACT INFORMATION
Sending Institution:
(full name in original language)
Coordinator in Sending Institution:
Sending Institution Coordinator Telephone and e-mail address (Please write clearly)
Hosting Institution:
(full name in original language)
Coordinator in Hosting Institution:
Hosting Institution Coordinator Telephone and e-mail address (Please write clearly)





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-	Institution:				
		University			
			attended (give name		
D. LANGUA	GE SKILLS				
Language	Understanding		Speaking		
	Listening	Reading	Spoken interaction	Spoken production	Writing
					_
(*) Common Europea	an Framework of Refe	rence for Languages, h	ttp://europass.cedefop.e	uropa.eu)	
			cills examinations		
E. PROPOSEI	D STUDY PEF	RIOD			
Have you ever at	the LLP/Erasmus	Programme?			
	If you have	answered 'Yes' to the	e above question, <i>pleas</i>	e give name & dates.	
•••••			•••••		
			d:		
Total number of	months of stay me	onths:			
· ·	er courses which your study in Ho	•	I to follow by you	ur Sending Institu	ution in order to





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possessarily quarantee assentance into any particular sources (Please note that assentance of your application does
necessarily guarantee acceptance into any particular courses (Please note that acceptance of your application does
not guarantee acceptance into any particular):
F. HEALTH
European Health Insurance Card Number:
Are you suffering from any mental or physical illness which might require treatment during your period of study in Trinity College?
If you have answered 'Yes' to the above question, please forward with your application a statement from your medical practitioner describing your current state of health and certifying that you are fit for student life. Statements will be treated in strictest confidence.
Contact person in case of emergency:
Full name
Phone number:
G. CERTIFICATION
I certify that the information given in this application is complete and accurate to the best of my
knowledge. I agree to comply with all the rules and regulations of the university.
Applicant's signature: Date:
H. CHECKLIST

- Complete the application form and made two full photocopies.
- Sign Section G.
- Include a Europass Curriculum Vitae (<a href="http://europass.cedefop.europa.eu">http://europass.cedefop.europa.eu</a>).
- Include a brief portfolio.
- Include a copy of Sending Institution transcripts to date.
- Include a copy of fees full payment (or scholarship) of your institutions of year of exchange (the most important information for us is that you are enrolled at your institution the academic year of the exchange).
- Include a copy of your passport.
- Include three passport-size photographs, signed on the back.
- Include a copy off your European health Insurance Card.
- Include a Medical Certificate (if required).