ERASMUS CREDIT MOBILITY FOR 2017/2018 AC. YEAR





Федеральное государственное бюджетное образовательное учреждение высшего образования «КУБАНСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ»

KUBAN STATE UNIVERSITY

APPLICATION FORM

Please complete and return to:

Kuban State University 149 Stavropolskaya Street 350040 Krasnodar, Russia

Scanned copy can be sent via e-mail: interdep@mail.kubsu.ru

Application deadline Fall semester: June 30

Spring semester: October 30

Last name	
First name	
Date of birth (DD/MM/YY):	
Place of birth	
Sex (m/f):	
Citizenship:	
Passport number:	
Current address	
Phone, fax, e-mail	
Education (for university students):	
Home school	
Mail address, contact phone(s), e-mail	
Field of study (major/minor)	
Year of study/degree obtained	
Employment (for training and teaching staff):	
Name of Institution	
Current occupation/position	
Contact person	
Mail address, contact phone(s), e-mail	
Where you plan to get your visa in your country. Please indicate a city.	





Language skills:	
Native language	
Level of Russian proficiency	☐ No ☐ Elementary ☐ Intermediate ☐ Advanced
Level of English proficiency	□ No □ Elementary □ Intermediate □ Advanced
Other languages:	
Planned course to study (for	
students):	
Circle of study (Bachelor,	
Master, Doctoral)	
Field of study* (faculty/dept)	
Planned course of	
training/teaching (for	
teachers/trainers):	
Field of expertise	
(faculty/dept)	
Language of training/teaching	
Duration:	
For students	☐ Full year ☐ Fall semester ☐ Spring semester
	☐ Other
For staff (DD/MM/YY):	From:
	To:
Housing in Dorm (for	☐ Double room ☐ Triple room ☐ No Accommodation
students):	needed
Housing (for staff)	Hotel Rented apartment
	se contact the Erasmus coordinators of the host Institution to
be consulted	
_	application: a scanned copy of your international
passport (just the page with	your photo and personal data), Curriculum Vitae,
Motivation Letter, Learni	ing Agreement (for the students) or Mobility
	f), Language Certificate(s) (if any).
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Applicant's signature:	
Date (DD/MM/YY):	
Erasmus coordinator's name a	and cianature:
Erasmus coordinator's name a	ind Signature.
Data (DD/MM/N/N):	
Date (DD/MM/YY):	
Stamp/seal of the Institution	