
**APPENDIX 30: APPLICATION FORM FOR MOBILITY FOR TRAINEESHIPS
FOR STUDENTS COMING FROM COUNTRIES NOT ASSOCIATED TO THE
PROGRAMME**

Academic Year: ... / ... - Autumn / Spring Semester

Field of Study: _____

Erasmus Numerical Code: _____

Eligibility criteria:

- the student is enrolled at one of LBUS partner universities within Erasmus+ framework (first, second, third cycle)
- the student keeps the status of the partner university until he finishes his period of mobility at LBUS
- English language proficiency (minimum level - B1).

Required documents:

- CV
- English language proficiency (minimum level B1)
- Learning Agreement for Traineeships/ Online Learning Agreement for Traineeships
 - (section Before the mobility)

This application should be completed in BLACK in order to be easily copied and / or telefaxed.

All fields are required. Please complete it with capital letters

SENDING INSTITUTION

Name and full address:
Erasmus ID Code



Faculty / Department of
Departmental co- ordinator:
Phone/Fax number:
e-mail:

STUDENT'S PERSONAL DATA

Family Name:	First name(s):
Date of Birth: / /	
(dd/mm/yy)	
Sex: Nationality:	
Place of Birth:	
Current address:	Permanent address (if different):
Current address is valid until:	
E-MAIL:	
Tel.:	Tel.:

LANGUAGE COMPETENCE

Mother tongue:	Language of instruction at home institution:					
other Languages:	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge if I had some extra preparation	
	Yes	No	Yes	No	Yes	No
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PERIOD OF STUDY

From: (dd/mm/yyyy)	To: (dd/mm/yyyy)	Duration of stay (month)	Expected ECTS credits

PREVIOUS AND CURRENT STUDY

Diploma/ Degree for which you are currently studying:			
Number of higher education study years prior to departure abroad:			
Have you already been studying abroad?	<input type="radio"/>	Yes	<input type="radio"/> No
If yes, when? At which institution?			

RECEIVING INSTITUTION

Name and full address: LUCIAN BLAGA UNIVERSITY OF SIBIU	Prof. Andrei Terian-Dan, PhD Country: ROMANIA Victoriei Blvd., no.10 550024, Sibiu
Faculty / Department of	
Departmental coordinator:	
Phone number:	+40 269 21.60.62.
Fax number:	
email:	<i>international@ulbsibiu.ro</i>

DO YOU NEED ACCOMODATION

YES

NO

According to the measures of Regulation (EU) 2016/679 on the protection of natural persons regarding the personal data processing and the free movement of such data, entered into force on May 25, 2018, I have taken notice and, unequivocally, I express my consent for "Lucian Blaga" University in Sibiu to process the personal data from the present form for the purpose of registering them in the digital platform of Erasmus+ mobility projects.

According to Regulation (EU) 2016/679, I declare on my own responsibility that I am aware that I benefit from the following rights: the right to access, to intervene on the data, the right not to be subject to an individual decision, the right to go to court, the right to data portability, the right to restrict processing. In order to exercise these rights, I am aware that I can address a written request, dated and signed, to the management of the University.

Date:

Signature:

