



Annex 1

PhD Candidate Application Form
ERASMUS+ Internship Proposal Academic Year 2025/2026

IMPORTANT: It is mandatory to fill out the document on the computer in all its parts, sign it, and attach it to the online application in PDF format.

STUDENT'S DETAILS

SURNAME	
NAME	
MATRICULATION NUMBER	
DOCTORAL COURSE IN	
PLEASE INDICATE WHICH FUNDS ARE USED TO PAY THE DOCTORAL SCHOLARSHIP	
SUPERVISOR PROFESSOR AT THE UNIVERSITY OF UDINE (please indicate first and last name)	
PREVIOUS ERASMUS STUDY OR TRAINEESHIP MOBILITY DURING THE STUDY CYCLE I AM ENROLLED IN	<input type="checkbox"/> Yes If yes, for a total of months (indicate the number of months) in the academic year (indicate the academic year during which the period abroad took place) <input type="checkbox"/> No
I DECLARE THAT I FALL UNDER ONE OF THE FOLLOWING CASES (please indicate one of the listed options)	<input type="checkbox"/> participant with ISEE 2025 equal to or less than €27,948.60 <input type="checkbox"/> participant with physical, mental, or health issues certified by a valid disability certificate under Law 104/92 and/or a valid civil invalidity certificate <input type="checkbox"/> participant orphaned of at least one parent before reaching the age of majority (18 years) <input type="checkbox"/> participant with minor children <input type="checkbox"/> participant child of victims of terrorism and organized crime



I DECLARE THAT I WILL NOT RECEIVE ANY OTHER EUROPEAN FUNDING DURING THE SAME PERIOD IN WHICH I BENEFIT FROM THE ERASMUS+ TRAINEESHIP FUNDING.

HOST INSTITUTION

NAME OF THE HOST INSTITUTION	
CITY AND COUNTRY	

TRAINEESHIP

BRIEF DESCRIPTION OF THE OBJECTIVES AND ACTIVITIES OF THE INTERNSHIP/RESEARCH PERIOD ABROAD AS STATED IN THE ERASMUS+ TRAINEESHIP LETTER OF INTENT	
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TRAINEESHIP PERIOD	No. of months (indicate the number of months, from a minimum of 2 to a maximum of 6)
	preferably from the month of to the month of

Pursuant to Regulation (EU) 2016/679 and Legislative Decree 196/2003, the undersigned declares to have read the privacy notice and understood the information contained therein. The undersigned authorises the University of Udine to process personal data for purposes permitted by law.

DATE

PHD CANDIDATE'S SIGNATURE

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SUPERVISOR PROFESSOR'S SIGNATURE

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