



**Recent Graduates 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**

<b>SURNAME</b>	
<b>NAME</b>	
<b>MATRICULATION NUMBER</b>	
<b>TYPE OF STUDY PROGRAM</b>	<input type="checkbox"/> Bachelor's degree (3-year) <input type="checkbox"/> Master's degree <input type="checkbox"/> Single-cycle Master's degree
<b>STUDY PROGRAMME IN</b> (please indicate the degree program you are enrolled in)	
<b>EXPECTED GRADUATION DATE</b> (session, month)	
<b>PREVIOUS ERASMUS STUDY OR TRAINEESHIP MOBILITY DURING THE STUDY CYCLE I AM ENROLLED IN</b>	<input type="checkbox"/> <b>Yes</b> 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"/> <b>No</b>
<b>I DECLARE THAT I FALL UNDER ONE OF THE FOLLOWING CASES</b> (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



Erasmus+

AGENZIA  
NAZIONALE  
INDIRE



**INDIRE**  
ISTITUTO NAZIONALE  
DOCUMENTAZIONE  
INNOVAZIONE  
RICERCA EDUCATIVA

**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**

<b>NAME OF THE HOST INSTITUTION</b>	
<b>CITY AND COUNTRY</b>	

**TIROCINIO**

<b>BRIEF DESCRIPTION OF THE TRAINEESHIP PROGRAM AS STATED IN THE ERASMUS+ TRAINEESHIP LETTER OF INTENT</b>	
<b>TRAINEESHIP PERIOD</b>	<b>No. of months .....</b> (indicate the number of months, from a minimum of 2 to a maximum of 6) <b>preferably from the month of ..... to the month of .....</b>



## LANGUAGE PROFICIENCY

☐ I DECLARE THAT I POSSESS THE FOLLOWING LANGUAGE PROFICIENCY LEVEL FOR ENGLISH:

- ☐ B1
- ☐ B2
- ☐ C1
- ☐ C2

☐ DECLARE THAT I POSSESS THE FOLLOWING LANGUAGE PROFICIENCY LEVEL FOR THE LANGUAGE OF THE COUNTRY WHERE I WILL UNDERTAKE THE TRAINEESHIP (IF DIFFERENT FROM ENGLISH). Please indicate the proficiency level alongside the language known:

- ☐ A1 – language.....
- ☐ A2 – language .....
- ☐ B1 - language .....
- ☐ B2 - language .....
- ☐ C1 - language .....
- ☐ C2 - language .....

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** .....

**STUDENT CANDIDATE'S SIGNATURE**

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