ERASMUS+ STUDENT APPLICATION FORM
ACADEMIC YEAR 2020/2021

FIELD OF STUDY: 912-MEDICINE

SENDING INSTITUTION
Name:
Erasmus ID code:
Address:
Institutional Coordinator - Name, telephone, email:

Departmental Coordinator - Name, telephone, email:

STUDENT’S PERSONAL DATA
Family name: First name:
Date of birth:
Sex: Nationality:
Place of birth:
Current address: Permanent address (if different):

Current address is valid until:
Tel: Tel:
Email:
MOBILITY PERIOD AT CLAUDE BERNARD LYON 1 UNIVERSITY
FACULTY OF MEDICINE: □ LYON SUD □ LYON EST

Period of study: from .................................................. to ..................................................
Duration (in months):
Number of expected ECTS credits:

PREVIOUS AND CURRENT STUDY
Diploma / degree you are currently studying for:
Year of study in medicine:
Have you already been studying abroad? □ Yes □ No
If yes, when? At which institution?

RECEIVING INSTITUTION
We hereby acknowledge receipt of the requested documents.
The above-mentioned student is:
□ Provisionally accepted
□ Not accepted at our institution

Departmental coordinator’s signature
Date