**ERASMUS+ PROGRAMME**

**NOMINEE APPLICATION FORM**

**STUDENT MOBILITY FOR TRAINEESHIP SMT**

**ACADEMIC YEAR 2025/2026**

|  |  |
| --- | --- |
| **Name and Surname** | [please fill in] |
| **Student Album Number** | [please fill in] |
| **Number of completed higher education study years** | [please fill in] |
| **Host Institution** | [please fill in] |
| **Mobility Period** | [please fill in] |
| **Bank Account Holder** | [please fill in] |
| **Full Name of the Bank** | [please fill in] |
| **SWIFT number** | [please fill in] |
| **IBAN number** | [please fill in] |

I confirm the acknowledgement of the *Recruitment Rules for Outgoing Students for Studies and Traineeships* and the *Eligibility Criteria for the Erasmus+ Students Mobilities.*

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*Place, date Student’s signature*

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