

# *Erasmus+ Student Nomination Form*

Incoming Student-European University Cyprus

## **1. Home Erasmus University Name**

## **2. Home Erasmus University Code**

## **3. Home Erasmus University Country**

## **4. Student's Full Name**

## **5. Student's Email Address**

## **6. Student's Gender**

- Male
- Female
- Prefer not to say

## **7. Program of study at home institution and code**

**8. Period of stay/semester**

- Fall Semester
- Spring Semester
- Full Academic Year

**9. Duration of stay (in months)****10. Study cycle**

- Bachelor
- Master
- PhD

**\*For Medicine students only, please clarify the student's year of study during the exchange period: .....**

**11. Student's Nationality****12. Student's Date of Birth****13. Home Erasmus Officer Name****14. Home Erasmus Officer Email**