

**Accademia di Belle Arti di Venezia**

**Erasmus Office**

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**ACCADEMIA DI BELLE ARTI DI VENEZIA I VENEZIA 03**

**INCOMING STUDENTS APPLICATION FORM**

**Academic year 2018-2019**

|  |
| --- |
| **PHOTOGRAPH** |

**Handwritten applications will not be considered!**

**Please send with this form a photo-copy of your passport/ID Card**

**Student’s Personal Data**

Family name: First name(s):

Male / Female:

Place and date of birth:

Nationality:

Permanent address:

ZIP-code: City: Country:

Telephone: Mobile Phone:

E-mail:

**Sending Institute Data**

Full name:

Address:

Erasmus code:

Field and degree of study:

Year of study:

**Hosting Institution**

Full name **ACCADEMIA DI BELLE ARTI DI VENEZIA**

Address **DORSODURO 423 30123 VENEZIA**

Erasmus code **I VENEZIA 03**

**Intended Period of Study in academic year 2017–2018**

□ First semester **15 Oct- 9 Feb** (approximately)

□ Full Year **15 Oct - 30 Jun** (approximately)

**Second semester is not available**

**Intended Field of Study: (**indicate only one of the following field)

1. PITTURA
2. SCULTURA
3. GRAFICA D'ARTE
4. SCENOGRAFIA
5. DECORAZIONE
6. NUOVE TECNOLOGIE PER L'ARTE

**Language Competence**

(In our academy, all lessons are given only in Italian, therefore, to be accepted, Is it necessary to have a basic knowledge, certified language).

**Mother tongue**:

Other languages:

|  |  |  |  |
| --- | --- | --- | --- |
| ITALIAN  | ENGLISH | GERMAN | SPANISH |
| □ I have sufficient knowledge to follow lessons | □ I have sufficient knowledge to follow lessons | □ I have sufficient knowledge to follow lessons | □ I have sufficient knowledge to follow lessons |
| □ I have some knowledge but not enough to follow lessons | □ I have some knowledge but not enough to follow lessons | □ I have some knowledge but not enough to follow lessons | □ I have some knowledge but not enough to follow lessons |
| □ I am currently studying this language | □ I am currently studying this language | □ I am currently studying this language | □ I am currently studying this language |

**Student’s signature**

**Data of Erasmus coordinator Sending Institution**:

Name:

Address:

Phone:

E-mail:

Signature:

Date:

Official stamp