**ERASMUS GRANT ACCEPTANCE FORM**

**ERASMUS+ PROGRAM FOR STUDENT MOBILITY FOR STUDY REASONS A.Y. 2021/2022**

***To the Erasmus Office***

***of UniCamillus - Saint Camillus International University of Health Sciences***

***e-mail:*** [***outgoingstudents@unicamillus.org***](mailto:outgoingstudents@unicamillus.org)

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(address) ZIP\_\_\_\_\_\_\_\_\_\_\_ cel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ university e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, enrolled at the \_\_\_\_\_\_\_ year of the Degree course in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for academic year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Unicamillus - Saint Camillus International University of Health Sciences, has obtained a favourable position in the ranking and has been awarded a grant within the Erasmus+ Program with reference to the mobility for study reasons

**DELCLARES**

To accept the aforementioned Erasmus grant, of the duration of \_\_\_\_\_\_\_\_ months, for student mobility for study reasons, that will be carried out at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that the mobility period will presumably begin the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and end the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The undersigned undertakes to complete, under the guidance of the Head of academics of reference, and to be sent to the Erasmus Office, the *Learning Agreement* and the *Student Mobility Agreement* within the terms and modes set, and in any case, before its departure, aware of the fact that, if the forms and documents mentioned above are not correctly and timely completed and signed, it will not be possible to carry out any abroad activity nor will the Erasmus contribution be paid.

The undersigned also declares to be aware of the fact that, if this acceptance form is not provided within the time and in the manner set, he/she will be considered renouncer, and will be required to complete and sign the Erasmus grant waiver form. Moreover, UniCamillus will proceed automatically with the scroll of the ranking.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that this present form must be completed, signed, and scanned by the student and sent to the following e-mail address** [**outgoingstudents@unicamillus.org**](mailto:outgoingstudents@unicamillus.org)**. Acceptance form not provided on time, incomplete or sent to a different email address will not be considered.**