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| **ERASMUS+ STUDENT MOBILITY**  **SPRING SEMESTER 2023-2024** |

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| **APPLICATION FORM** | |
| **Name Surname** |  |
| **Contact details (mobile number and email)** |  |
| **Degree level (Bachelor Degree or Master Degree)** |  |
| **Year of study** |  |
| **Faculty** |  |
| **Specialty** |  |
| **Group No.** |  |
| **GPA (Grade Point Average)** |  |
| **Language Proficiency in English** |  |

**NOTE:** *Please send this application form together with a scanned copy of your Transcript of Records, Study Plan for the next semester and English language certificate (B2 level) to:* [*erasmus@aztu.edu.az*](mailto:erasmus@aztu.edu.az)