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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*