

**Accademia di Belle Arti di Venezia**

**Erasmus Office**

Dorsoduro 423 30123 Venezia

Tel. +39-041-2413752

Fax +39-041-5230129

Mail: erasmus@accademiavenezia.it

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

**INCOMING STUDENTS APPLICATION FORM**

**Academic year 2021/22**

|  |
| --- |
| **PHOTO** |

**Handwritten applications will not be considered!**

**Please send with this form a photo-copy of your passport/ID Card to erasmus@accademiavenezia.it**

**Student’s Personal Data**

|  |  |
| --- | --- |
| First name(s): | Surname: |
| Male / Female: | Place and date of birth: |
| Nationality: | Permanent address: |
| ZIP-code: | City: |
| Country: | Telephone: |
| Mobile Phone: | E-mail: |
| Field and degree of study: | Year of study (1st or 2nd cycle): |

**Sending Institution**

Full name:

Address:

Erasmus code:

**Hosting Institution**

Full name: ACCADEMIA DI BELLE ARTI DI VENEZIA

Address: DORSODURO 423 30123 VENEZIA

Erasmus code: I VENEZIA 03

**Period of Study in academic year 2021/22**

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

□ First Semester **15 Oct – 05 Feb** (approximately)

□ Second Semester **07 Mar – 30 Jun** (approximately)

**Intended Field of Study in Accademia** (tick only one of the following boxes):

□ PITTURA

□ CULTURA

□ GRAFICA D'ARTE

□ SCENOGRAFIA

□ DECORAZIONE

□ NUOVE TECNOLOGIE PER L'ARTE

**Language Knowledge**

In our academy, **all the lessons are given in Italian**, therefore, to be accepted, you must have a basic knowledge of the language (B1 certification or self-certification).

**Mother tongue**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other languages:**

|  |  |  |
| --- | --- | --- |
| ITALIAN | ENGLISH | SPANISH |
| □ 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 am currently studying this language | □ I am currently studying this language | □ I am currently studying this language |

**Student’s signature:**

**Erasmus coordinator of the Sending Institution**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Official stamp:

Date: