Application form STUDENT

**PNRR-TNE International Mobility Programme - Health Education and Advanced Learning Through Collaboration, Opportunities, Networking, and Educational Connections in Balkans and Asian Countries**

**(Health Connect)**

**Project Proposal TNE23-00059 – CUP F91B24000320006**

**PERSONAL DATA**

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

☐ M ☐ W ☐ Non binary

Birth Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_N° \_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)

Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional e-mail (Please note that all official communications regarding the project will be sent to this address.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you belong to linguistic, religious, or other cultural minorities? (optional)[[1]](#footnote-1)

☐ Yes ☐ No

**ACADEMIC INFORMATION**

Faculty/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree programs in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PhD in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Cycle: ☐ I cycle ☐ II cycle ☐ III cycle ☐ single-cycle degree program

Year of Study: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

The weighted average of exam grades: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree grade/Master's degree grade (if the degree has already been obtained): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANGUAGE SKILLS**

English Level: ☐B1 ☐B2 ☐C1 ☐C2 ☐Mother tongue

Language of the host country Level: ☐B1 ☐B2 ☐C1 ☐C2 ☐Mother tongue

**FIELD CHOSEN**

Please indicate, in order of preference, the chosen field:

☐ WP2: Artificial Intelligence and advanced engineering tools applied to Medicine

✓ WP7: Socio-cultural-psychological health

**REQUESTED DESTINATIONS**

Please indicate, in order of preference, the chosen universities:

**First Option[[2]](#footnote-2)**

Country: Italy

University: **Libera Università Mediterranea (LUM)**

Disciplinary area of university mobility: **Tourism**

Proposed period for mobility:

Motivation for application (**Attach Letter of Motivation**)

Study and training activities to be carried out abroad (in the case of thesis preparation or internship, attach the acceptance letter from the supervisor at the host university or the acceptance letter from the internship tutor at the host university):

|  |
| --- |
| I’m applying to participate in the Winter School “Politiche e Pratiche per un Turismo Sostenibile” to be held at LUM University from 12 to 23 January 2026.  |

*(add lines if necessary)*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation to Attach:**

1. Self-certification or documentation confirming enrollment and exams completed.
2. Self-certification of your bachelor's or master's degree, including the final grade achieved (for candidates enrolled in the first year of the Master's program or a doctoral program).
3. Curriculum vitae.
4. Letter of motivation.
5. Certificate of proficiency in the language of the host country or English.
6. If preparing a thesis, please attach the acceptance letter from your supervisor at the host university.
7. If undertaking an internship, please attach the acceptance letter from your internship tutor at the host university.
8. Copy of a valid ID.

Please ensure that the attachments mentioned in points 4, 5, 6, and 7 are provided for each destination you select. If you are applying to multiple destinations requiring English proficiency, a single certificate demonstrating your proficiency is acceptable.

**Consent of the Data Subject**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I explicitly consent to the processing of special categories of personal data under Article 9 of EU Reg. 2016/679 (commonly referred to as "sensitive data") for the following purposes[[3]](#footnote-3):

* management of student participation in international mobility programs;
* organization of activities related to mobility, including contacts with partner universities;
* fulfillment of administrative and legal obligations;
* administrative management of the Health Connect project.

 I do not consent to processing special categories of personal data concerning me (commonly referred to as "sensitive data").

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. See “Consent of the Data Subject” [↑](#footnote-ref-1)
2. If your home university has bilateral agreements with foreign partner Universities, it is recommended to choose as the first option one of those universities (see Appendix A: “Bilateral Agreements”). [↑](#footnote-ref-2)
3. Failure to provide consent for data processing will result in the inability to process the application. [↑](#footnote-ref-3)