



**University of Genova**

Application form for Erasmus+ Scholar Grant

Master Course EMARO+ “European Master on Advanced Robotics+”

## APPLICATION PROCEDURE

Application has to be done as follows (before the deadline given at EMARO+ website):

* + Rename the application form file as: Emaro-scholar-Your Last Name-Date (DDMMYY).doc
	+ Send the application form (in word), a detailed CV (file: Emaro-scholar-CV-Name-Date.\*), motivation letter (file: Emaro-scholar-Motivation-Name-Date.\*) including research programme and possible teaching courses (of EMARO module, or new proposed module), and your identity photo (file: Emaro-scholar-photo-Name-Date.\*) to: emaro-adm@ec-nantes.fr.
	+ The subject of your mail should be: Emaro-Scholar application- Your Last Name.
1. **PERSONAL DATA**

|  |  |  |
| --- | --- | --- |
| Family name: |  |  |
| First names: |  |  |
| Gender: | male female |  |
| Situation: | married single | Number of children: |
| Date of birth:(Day/ month/ year) |  | Place of birth/Country: |
| Nationality: |  |  |
| Passport number: |  |  |

|  |  |
| --- | --- |
| Address for admission letter:(Street name and Number) |  |
| Postal Code and City: |  |
| Country: |  |
| Address (if different from above):(Street name and Number): |  |
| Postal Code and City: |  |
| Country: |  |
| E-mail address: |  |
| Telephone(s): |  |

1. **EMPLOYMENT HISTORY**

Please list **full-time main employments**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| from month/year | until month/year |  | Employer | Location |
|  |  |  |  |
|  | Job title, Department |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| from month/year | until month/year |  | Employer | Location |
|  |  |  |  |
|  | Job title, Department |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| from month/year | until month/year |  | Employer | Location |
|  |  |  |  |
|  | Job title, Department |
|  |

1. **LANGUAGE SKILLS**

|  |  |
| --- | --- |
| 1 | Native language |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2 | What other languages do you speak? Please indicate your level of proficiency.Levels:B- beginner,I - intermediate, A - advanced |  |  | Level: | spoken, | written, |
|  |  | Level: | spoken, | written, |
|  |  | Level: | spoken, | written, |

1. **REFERENCES (FOR YOUNG DOCTORS)**

List two people whom you have asked to write letters of recommendation on your behalf.

|  |  |  |
| --- | --- | --- |
| i-Name: |  | E-mail: |
| Position: |  | Professional address |
| ii-Name |  | E-mail |
| Position |  | Professional address |

## INSTITUTION PREFERENCES:

You can apply to join one or two institutions of the consortium (ECN, WUT, UG, UJI). Please write the name of the desired institution(s)

in the first column, the length of stay (one week or two weeks) in the second column, and the desired period(s) in the third column on the following table:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Institution(s) | Length of stay (one to two weeks) | Period(s)(excluding August and September) |
| First choice |  |  |  |
| Second choice |  |  |  |
| Third choice |  |  |  |

## ADDITIONAL QUESTIONS

|  |
| --- |
| 1. To which other ERASMUS+: ERASMUS MUNDUS Master courses have you applied or will you apply? |
| i- Name: |
| University: |
| ii- Name: |
| University: |

2. How did you find out about the EMARO+ program?

1. **STATEMENT OF UNDERSTANDING**

I am eligible to ERASMUS+: ERASMUS MUNDUS Non-European scholarship (see conditions on EMARO+Website)

All the information in this application is true, accurate, and complete to the best of my knowledge. I understand that with holding, misrepresenting, or giving false information will invalidate my application and make me ineligible for admission.

|  |  |
| --- | --- |
| Signature of the applicant | Day / Month / Year |

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## Application check-list:

application form: (please fill in by computer, do not forget to sign it). CV

motivation letter

copy of the passport (1 page concerning personal details)

copy of university degrees including translation into English, or French

2 letters of recommendation from professors (for young doctors)

Information about any medical disability and corresponding special needs.