

## ERASMUS+ KA1

### PEDAGO [INSTITUTO SUPERIOR DE CIÊNCIAS EDUCATIVAS; INSTITUTO SUPERIOR DE CIÊNCIAS EDUCATIVAS DO DOURO] – P LISBOA 97

#### Letter of Intent for Student Mobility

Academic Year 20..../20....

#### PROGRAM SCHEME YOU ARE INTERESTED IN:

- **Study mobility at a partner institution abroad**   
Erasmus+/Semester of the Erasmus+ study mobility: Fall  Spring
- **Internship in a workplace abroad as a current student**   
Traineeship Period: Fall  Spring  Summer
- **For internships in the workplace abroad, as a recent graduate**   
Starting/ending dates of Traineeship: .....

Surname: ..... Name: .....

Date of Birth: ..... Nationality: .....

/Home address: .....

Mobile No.: ..... ID number: .....

Email:..... Reg. number:..... GPA: .....

Program of Study: .....

Year of Study: ..... CTESP  Bachelor  Master

Foreign Languages: i) ..... ii) ..... iii) .....

Erasmus+/Previous participation in the Erasmus+: Yes  No

#### Study Mobility:

I wish an Erasmus exchange period of study to the following Institution (prioritize your options) :

Institution	Country

#### Traineeship Mobility:

I wish an Erasmus traineeship period at the below host organization.

Host Organization	Country

#### Note:

You may be asked to submit a Language proficiency certification.  
Life insurance is mandatory.

Signature: ..... Date: .....