



Application for an ERASMUS Traineeship Grant for STUDENTS

Academic year:	Photo
1. Status at the beginning of the traineeship	
Student PhD student	
Graduate [Please use the application form for graduates!]	
2. Personal data Surname: First name:	
Nationality: Gender: male female diverse Date	of birth:
E-mail:	
Home Phone: address: [parents]	
Semester Phone:	
address: Mobile:	
3. Study details University:	
Department/Faculty:	
Field of study:	
Number of academic years already completed:	
Intended degree:	
4. Recognition of traineeship Is the traineeship obligatory in the curriculum of your study program?	Yes No
Will Credit Points awarded to you? IF YES: Number of Credit Points that you will re	Yes No ceive:
Will you receive a record in your Diploma Supplement of Transcript of Records?	r Yes No

5. Traineesh	ip			
Name of host institution:				
Duration:	from	till	[day/month/year]	
Destination co	ountry:			
Destination city:				
Internship Salary per month:				
How did you learn about the Erasmus traineeship grant?				
Data Brotock	i.a.			
All personal data contained in the agreement shall be processed in accordance with Regulation (EC) No 2018/1725 of the European Parliament and of the Council on the protection of individuals with regard to the processing of person-al data by the EU institutions and bodies and on the free movement of such data. Such data shall be processed solely in connection with the implementation and follow-up of the agreement by the sending institution, the National Agency and the European Commission, without prejudice to the possibility of passing the data to the bodies responsible for inspection and audit in accord-ance with EU legislation (Court of Auditors or European Antifraud Office (OLAF)). The participant may, on written request, gain access to his personal data and correct any information that is inaccurate or incomplete. He/she should address any questions regarding the processing of his/her personal data to the sending institution and/ or the National Agency. The participant may lodge a complaint against the processing of his personal data with regard to the use of these data by the sending institution, the National Agency, or to the European Data Protection Supervisor with regard to the use of the data by the European Commission.				
Hereby, I confirm that I have read the information given above and I agree that my personal data is collected and processed by the Office for Erasmus traineeships Saxony-Anhalt for the purpose of providing and maintaining my mobility abroad. Note: Without your declaration of consent it is not possible to participate in the Erasmus program.				
Hereby, I conf	firm that all informatio	n above has been given	truthfully.	
Place:				
Date:				

Signature: _____