



Elective activities abroad Application Form

To be sent to: erasmus.ims@unimi.it

STUDENT'S INFORMATION

First Name	
Last Name	
Student ID Number	
Enrolled in the academic year n°	
Number of elective credits already acquired	
Nationality	
Email	

ELECTIVE TRAINEESHIP APPLICATION INFORMATION

Hosting institution	
Nation	
Duration of the internship	
Period	

SUBJECT AND NATURE OF THE TRAINEESHIP

Subject(s) intended to attend abroad	
Activities planned during the traineeship	

Date and Place _____

Signature _____