ACCADEMIA DI BELLE ARTI
BOLOGNA

LLP Erasmus Programme 2010/2011

INCOMING STUDENT FORM

first name	
family name	
date of birth	
sex	**nationality**
home address	
tel number	**fax number**
e-mail	

from (university or academy):
study period in Bologna: from to
what subject do you want to study in Bologna:

can you speak italian?	
are you interested in a language course?	
accomodation: **do you require accomodation in Bologna?**	
do you offer accomodation (for a student from Bologna)? details:	

Signature: