V							
				IL	JAV AP	PLICATION	FORM
Last name*:				First name*:			
Birth date:				Place of birth:			
Sex (F/M):				Citizenship:			
Address:				City:			
Country:				Zip code:			
Email*:				Phone:			
ID/Passport No:				Area of study (e.g. fashion, architecture etc.)			
Data that might be included in the luav Interna	le to future incoming and luav ou	tgoing students	for a period of 3 years.				
Home University:			Erasmus Code (European Universities only):				
Type of Enrollment		Erasmus+ (European Stud.)		0	Visiting □ (Extra-European Stud.)		
Current Level of Studies	Bachelo (Undergr			Masters (Graduate)		Ph.D (Doctorate)	
Period of stay at luav	First Semester (Sep-Feb)			Second Semester (Mar-Jul)	r 🗆	Full year (Sep-Jul)	
Year of your High School Graduation							
Mother Language							
Main Language used at Home University							

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Italian Language Proficiency	Beginner □	Intermed	iate	Fluent	
English Language Proficiency	Beginner	Intermediate		Fluent	
BRING WITH YOU THE FOLLOWING PRINTED DOCUMENTS ONCE IN VENICE.	Diploma Supplem → Copy of a valid ide	ent entity ort, ID card,)	 → Curriculum Vitae (Resume) → Language Proficiency Certificates → 2 colored photos - passport size 		
I understand that providing false or an offer of admission, dismissal, or	iginals nor photocopies of this applic	provide current and co	omplete inform	ation can result in a withdrawal of	
Signature		Date	e/	·/	

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When signed, please send this form to mobilita.studenti@iuav.it together with the ID/Passport in .pdf Application without ID or Passport will be not considered.