

## Erasmus + Mobility Student Application form (For students who wish to study at the ESCM)

All applications for exchange programmes must be made through the Erasmus+ Coordinator in the sending institution, preferably by email.

### Student

Last/family name:		First name (s):	
Date and place of birth:		Nationality:	
Sex [M/F]:			
Address:		Emergency contact:	
e-mail:			
Phone no:			

### Sending Institution

Name:			
Institutional code:		Erasmus+ Coordinator:	
Address:		E-mail:	
Country:		Phone no:	

### Applying to Receiving Institution (ESCM)

Receiving institution:	Escuela Superior de Canto de Madrid Calle San Bernardo, 44. Madrid 28015, Spain		
Principal study subject at the Receiving Institution	Music and Performing Arts (0215) - Voice		
Institutional code: E MADRID112	Erasmus + coordinator: Cristina Sánchez Soto email: <a href="mailto:cristina.sanchez@escm.es">cristina.sanchez@escm.es</a> phone no. +34 91 5328533		
Study cycle during the exchange period:	Bachelor (1 <sup>st</sup> ) <input type="checkbox"/>		
Study period:	1 <sup>st</sup> Semester <input type="checkbox"/>	2 <sup>nd</sup> Semester <input type="checkbox"/>	Whole academic year <input type="checkbox"/>
Academic year:			
Preferred professor(s) at Receiving institution for the main subject (if any)			

### Current Studies (at Sending Institution):

Field of Education ISCED Code:			
Study Programme (relevant for your study stay):			
Principal study subject:			
Study cycle:		Study year:	
Total duration of the Study Programme:			

### Desired Courses at the ESCM Learning Agreement). Add lines if necessary.

(Preliminary

Course component title at the Receiving Institution (as indicated in the course catalogue) <a href="http://www.escm.es/loe/">www.escm.es/loe/</a> and <a href="https://escm.es/optativas-21-22/">https://escm.es/optativas-21-22/</a>	Semester (autumn / spring or whole year)	Number of ECTS credits to be awarded by Receiving Institution upon successful completion
	Total of expected ECTS credits	

### Application Package:

#### 1. Recording or Portfolio for Audition

Please provide a certified list of web **links of three recordings**.

List of pieces and links to your recordings:	
1. 2. 3.	
I, the undersigned, as Voice teacher, certify that the recording is (name of the student) _____'s performance	

#### 2. Motivation

Please include your motivation letter here

#### 3. Transcript of Records<sup>1</sup>

Please attach your Transcript of Records

#### 4. Curriculum Vitae

Please attach your CV

## 5. Student's Language Skills

Mother tongue:			
Please indicate your language skills other than mother tongue:			
1. Language: Spanish	Limited A1 <input type="checkbox"/> A2 <input type="checkbox"/>	Moderate B1 <input type="checkbox"/> B2 <input type="checkbox"/>	Fluent C1 <input type="checkbox"/> C2 <input type="checkbox"/>
2. Language:	Limited A1 <input type="checkbox"/> A2 <input type="checkbox"/>	Moderate B1 <input type="checkbox"/> B2 <input type="checkbox"/>	Fluent C1 <input type="checkbox"/> C2 <input type="checkbox"/>
I am aware of the <b>obligation to achieve at least a B1 level in Spanish</b> before my studies at the ESCM, and I am interested in improving my language skills if recommended			<input type="checkbox"/>

## Signatures of Sending Institution

	Name and last name	Signature	Date
Student:			
Professor/Tutor (of the main subject):			
Institution Director:			
Erasmus + Coordinator:			

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