



**İZMİR UNIVERSITY
OF ECONOMICS**

**ERASMUS STUDENT MOBILITY FOR TRAINEESHIPS
ZERO GRANT APPROVAL FORM**

PERSONAL INFORMATION

Name- Surname	
Student ID	
Faculty/School	
Program	
Contact Address	
Mobile	
E-Mail	

ERASMUS+ MOBILITY INFORMATION

Name of the Host Institution	
Country	
Mobility Dates	
Academic Year	

I hereby accept to participate in Erasmus+ student mobility for traineeships without Erasmus grant.

Signature:

Date: