



Erasmus Office - Centro Rapporti Internazionali
Area didattica e servizi agli studenti

Al Direttore Generale
dell'Università degli Studi di Cassino e del Lazio
Meridionale

ERASMUS+ MOBILITY
FOR STUDY / TRAINEESHIP
ACCEPTANCE FORM

The undersigned _____
male female born in _____ on the _____
Fiscal _____ Code _____ citizenship _____
_____ resident
in _____ (address), phone
_____, e-mail _____, aware
of penal sanctions (art. N. 76, D.P.R. 28.12.2000 n. 445) in case of counterfeiting, accepts Erasmus+
mobility for **traineeship** / **study** at _____
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In compliance with the European General data protection regulation no. 679/2016 (articles 13-14) and subsequent Legislative Decree n. 101/2018, I hereby authorize the recipient of this document to use and process my personal data for the purpose of recruiting and selecting students and I confirm to be informed of my rights in accordance to art. 15-22 of the above mentioned decree.

I authorize the processing of my personal data I do NOT authorize the processing of my personal data

Place _____

Date _____

Signature
