

**Incoming Student Proposal**

<b>UNIVERSITY:</b>	
<b>ERASMUS CODE:</b>	

<b>STUDENT'S INFO</b>						
	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>PASSPORT #</b>	<b>NATIONALITY</b>	<b>STUDY AREA</b>	<b>DURATION</b>
1						
2						
3						
4						
5						
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8						
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10						

Please fill this form in capital letters.

The Exchange Duration must be expressed in months. I.e.: *5 months (1<sup>st</sup> semester)*

It must be sent to the address below before June 1<sup>st</sup> 2009:

**Universidad Europea de Madrid**  
**International Relations Office**  
**LLP/Erasmus Coordinator**  
**C/ Tajo s/n**  
**28670 – Villaviciosa de Odón**  
**Madrid – Spain**

By fax to the following number:

**(0034) 91 141 34 70**

Or by e-mail to:

[\*\*Erasmus@uem.es\*\*](mailto:Erasmus@uem.es)