



Funded by  
the European Union



JU SMŠ „Danilo Kiš“ Budva



Application		Student mobility	
Name		Date of Birth	
School			
Address		City and postal code	
Email		Phone	
Student ID		Teacher responsible	
Address and phone			
Next of kin / Guardian			
<p>Describe and explain why you should be chosen for the mobility period abroad (attitude, expectations, language skills, school motivation, health..).</p>			



**Application date**

\_\_\_\_\_ 2022.

\_\_\_\_\_  
Applicant's signature

Evaluation team statement (to be filled by international coordinator):

International coordinator recommends the mobility for the applicant: Yes  / No

Date

\_\_\_\_\_ 2022.

\_\_\_\_\_  
Signature

**Decision**

Application

Accepted

Rejected

Date

\_\_\_\_\_ 2022.

\_\_\_\_\_  
Educational Manager signature

**Application handed to the International coordinator**

