



NOMINATION FORM

"ERASMUS MINISTER 2019"

Δ	HMI	VERSITY	/ INICTI	THITION
Α.	UINI	VERSILI	/ IIV.5 I I	IUIIUI

A. UNIVERSITI / INSTITUTION		
University/Institution Name		
(in English)		
University/Institution Name		
(in national language)		
ERASMUS Code		
Initiation year of ERASMUS		
Programme in your country		
University/Institution Address		
(number, street, postal code, city)		
Country		
B. NOMINATION OF ERASMUS INSTITUTIO	NAL COORDINATOR	
Surname/Given name		
(in English)		
Gender		
(Male or Female)		
Nationality		
Telephone (start with country code)		
Email Address		
Academic discipline or work section		
Number of years as an ERASMUS		
Institutional Coordinator		
C. RECTOR'S CONTACT DETAILS		
Name Surname		
(in English)		
Telephone		
Email Address		
	•	
(signature)		signature and stamp)
Erasmus Institutional Coordinator	,	Rector
Date:	Date:	NOOLOI
Dato.	Dato.	

Please send this form by email at info@eracon.eu
Deadline: 31 March 2019