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PROGRAMME ERASMUS+ FOR INTERNSHIP

Neapolis University Pafos

DECLARATION OF INTEREST

**Last Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ *(home)* \_\_\_\_\_ *(mobile)*

**E-mail:** \_\_\_\_\_

**Student Registration No:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Foreign languages:** a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

Are you interested for an internship as a **student**?

Are you interested for an internship as **a graduate**?  If yes: (expected) graduation date? \_\_\_\_\_

How many months? (2-12 months) \_\_\_\_\_

Country preference: \_\_\_\_\_

**All Internships must last at least 2 months.**

Note: You may be asked to provide proof of language to support your application.



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Signature: \_\_\_\_\_ Date: \_\_\_\_\_