



## **NOMINATION FORM**

"ERASMUS ACADEMIC MINISTER 2019"

A. UNIVERSITY / 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 INSTITUTIONAL 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:

Please send this form by email at <a href="mailto:info@eracon.eu">info@eracon.eu</a>
Deadline: 31 March 2019

Date: