**NOMINATION FORM**

“*ERASMUS ACADEMIC MINISTER 2024*”

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| **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 |  |

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| **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 |  |

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| **C. RECTOR’S CONTACT DETAILS** | | |
| Name Surname  (in English) |  | |
| Telephone |  | |
| Email Address |  | |
|  | |  |
| (signature)  Erasmus Institutional Coordinator  Date: | | (signature and stamp)  Rector  Date: |
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