**NOMINATION FORM**

“*ERASMUS ACADEMIC MINISTER 2024*”

|  |
| --- |
| **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)Erasmus Institutional CoordinatorDate: | (signature and stamp)Rector Date: |
|  |  |