

NOMINATION FORM

“ERASMUS ACADEMIC MINISTER 2027”

The same person cannot receive the same award before 10 years pass.

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 Coordinator
Date:

(signature and stamp)
Rector
Date: