

Food Link Mobility Project
Application form for Canadian students to an EU Institution

Please return completed application form along with a résumé to your institution's Placement Office by **September 15, 2008**.

For more program information, please refer to the Mobility Food Link website:
www.mobilityfoodlink.org.

PERSONAL INFORMATION

Family name: _____ Place of birth: _____
Give name: _____ Nationality: _____
Student #: _____ SIN: _____
Date of birth: _____

If you are not a Canadian citizen, please indicate your status: _____

CONTACT INFORMATION

Please indicate to which address you would like all correspondence to be sent:

Permanent Address:

Local Address:

Telephone #: _____

Email: _____

Cell phone #: _____

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Name: _____

Telephone #: _____

Relation to you: _____

Cell phone #: _____

Address: _____

Email address: _____

GENERAL INFORMATION

Please describe your reasons for wanting to participate in this program.

Please list any international experience (e.g., vacations, work terms, study, etc.).

Briefly describe any related interests to this program.

I have reviewed the program information on the Mobility Project website and acknowledge that I meet all requirements for and accept all conditions of this program.

Name: _____

Signature: _____

Date: _____