



EXPRESSION OF INTEREST: ERASMUS WORK-PLACEMENT

Your Name:

Student ID:

Nationality:

Contact Address:

Mobile Phone Contact:/.....

Email:

Name of your Programme:

Programme Stage you are currently on:

Are you studying French/Spanish with your programme? Yes No

Do you have Repeat Examinations to sit? Yes No

Start and Finish dates of your Placement?

Why do you want to go on Erasmus?.....

Return form to the International Office (noreen.carney@dkit.ie)