**University of Split**

**International Relations Office**

**Attn. Erasmus coordinator**

**Poljička cesta 35**

**21000 Split**

Applicant’s details, contact

**C O N S E N T**

**to Personal Data Processing**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by signing this form confirm my consent to the University of Split processing my personal data given under the application for Erasmus+ student mobility. The data processing includes: sending my application documents to the Erasmus coordinator of the host faculty for approval, publication of my name on the list of approved mobilities (e.g. dorm list, if applicable) and other activities with the purpose of organisation and implementation of my mobility.

Signature:

Date: