

LIBERA UNIVERSITÀ DEGLI STUDI PER L'INNOVAZIONE E LE ORGANIZZAZIONI – LUSPIO  
ERASMUS OFFICE  
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## ACCOMODATION FORM 20..../20....

Home University: \_\_\_\_\_

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

E-mail: \_\_\_\_\_ Tel.: \_\_\_\_\_

Period of stay requested:     1<sup>st</sup> semester             2<sup>nd</sup> semester             1 year

Date of arrival: \_\_\_\_\_ Date of departure: \_\_\_\_\_

*Type of accommodation requested:*

- Double room with students                       Single room with students  
 Double room with owner                               Single room with owner

Particular requests: \_\_\_\_\_  
\_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send or fax the original **only** to:

**C.T.S.**

**Tiziano Sbaraglia**

**Via degli Ausoni 5 – 00185 Roma – Italy**

**fax +39/06/4454920**

**(e-mail: [erasmus@cts.it](mailto:erasmus@cts.it))**