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## STUDENT APPLICATION FORM

*This application should be completed in BLACK in order to be easily copied and/or telefaxed.*

**ACADEMIC YEAR 20 \_\_ /20 \_\_**

**FIELD OF STUDY:** .....

### STUDENT'S PERSONAL DATA

*(to be completed by the student applying)*

Family name: .....

First name (s):.....

Date of birth: .....

Sex:.....Nationality:.....

Place of Birth: .....

Current address:

.....

.....

.....

Tel.: .....

e-mail: .....

*(Photograph)*

### SENDING INSTITUTION, FACULTY

Name and full address: .....

.....

Tutor - name, telephone, e-mail .....

.....

.....

## LANGUAGE COMPETENCE

Mother tongue: ..... Language of instruction at home institution (if different): .....						
Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: .....

Number of higher education study years prior to departure abroad: .....

Have you already been studying abroad? Yes ☐ No ☐

If Yes, when? at which institution? .....

**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.**

**RECEIVING INSTITUTION, Department:**

.....

.....

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is ☐ provisionally accepted at our institution

☐ not accepted at our institution

Tutor's signature

.....

Date:.....

*I hereby give consent for my personal data included in my application to be processed for the purposes of the project under the Personal Data Protection Act as of 29 August 1997, consolidated text: Journal of Laws 2002, item 1182 as amended.*