 ****

**ERASMUS + Programme**

(Photograph)

**STUDENT APPLICATION FORM**

**STUDENT MOBILITY FOR STUDIES (SMS)**

**ACADEMIC YEAR 20……/20…....**

**AUTUMN SEMESTER □**⁭ **SPRING SEMESTER** ⁭□

**FIELD OF STUDY at parent university: ………………………………………...................................…**

**Cycle of studies : MS, MSc., BS, BSc. (Please mark the appropriate)**

***This application should be completed on the computer and printed***

**STUDENT PERSONAL DATA**

**Family name:** ……………………………………………………......................................................................................................

**First name(s**): ………………………………………….…............................................................................…...........................….

**Date of birth (day/month/year)** : ………………………………………………………………………………………………….….….

**Sex**: ……… **Nationality**………….................. **Place of birth (city, country)** .............................................................................

 ……………………………………………… **e-mail**………….......................................................................................................

**Permanent address**: ...................................................................................................................................................................

…………………………………………………………………………………………………………………….…....................................

**ID/PASSPORT NO**.: ………………………………………………………………………………………………..

**LANGUAGE COMPETENCE**

Mother tongue:……………........... Language of instruction at home institution (if different): ………

|  |  |  |
| --- | --- | --- |
| Other languages | I have sufficient knowledge to follow lectures | I need some extra preparation |
|  | Yes | No | Yes | No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SENDING INSTITUTION**

Name and address:

……………………………………………………………………………...…………………………………………

………………………………………………………...…………………….........................................................

ERASMUS ID Code of the institution: ……………………………… Country……………..........................................................….

Departmental Coordinator – name, telephone numbers, e-mail: ................................................................................

…………………………………………………………………………...…………………….............................…

Institutional coordinator - name, telephone number, e-mail ........................................................................

.....................................................................................................................................................................

**PREVIOUS AND CURRENT STUDY**

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 later stage.**

……………………………………. …………………………………………….

Applicant’s signature Date

 **RECEIVING INSTITUTION**

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 out institution

 □ not accepted at our institution

**Institutional coordinator’s signature**

**date .........................................................**

**PLEASE, SEND THE APPLICATIONS TO:**

**erasmus@urk.edu.pl**