**key action 1 – mobility of individuals**

**higher education students**

**erasmus +**

**STUDENT APPLICATION FORM**

 **(Photograph)**

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

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

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

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| --- |
| **SENDING INSTITUTION, FACULTY**Name and full address: ..................................................................................................................................................................................................................................................................................................................Tutor - name, telephone and telefax numbers, e-mail box ..........................................................................................................................................................................................................................................................................................................................................................................................................Dean - name, telephone and telefax numbers, e-mail box .......................................................................................................................................................................................................................................................................................................................................................................................................... |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................................Date of birth: .......................................................Sex: ...............Nationality:...................................Place of Birth: .....................................................Current address: ............................................................................................................................................................................................................................................................................................Current address is valid until: .............................Tel.: ..................................................................... | First name (s): .................................................................Permanent address (if different): ............................................................................................................................................................................................................................................................................................................................................................................................................Tel.: .................................................................................. |

**PREVIOUS PARTICIPATION IN ERASMUS YES/NO**

**Previous participation in Erasmus at the same level of study**

 **Study Cycle**: **FIRST**

 **SECOND**

**THIRD**

**Study** (Number of months):……………………………………………………………….

**Placement** (Number of months):.........................................................................................

**LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Country | Period of studyfrom to | Duration of stay (months) | N° of expected credits(hours) |
| 1. ........................................2. ........................................3. ........................................ | ............................................................... | ....................................... | ................................. | ......................................................... | ......................................................................................................................... |

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| --- |
| Name of student: ...............................................................................................................................................Sending institution, Faculty:............................................................................................. Country: ............................................................... |

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| --- |
| Briefly state the reasons why you wish to study abroad ?................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

**LANGUAGE COMPETENCE**

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| --- |
| 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 |
| .............................................................................. | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 |

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience............................................................................................ | Firm/organisation.......................................................................................... | Dates.......................................................... | Country.............................................................................. |

**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.** |

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| Do you wish to apply for an ERASMUS + mobility grant to assist towards the additional costs of your study period abroad? Yes 🞏 No 🞏 |

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| **RECEIVING INSTITUTION, Department: *WSPiA University of Rzeszów*** |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. |
| The above-mentioned student is 🞏🞏Tutor’s signature..............................................................................Date: .................................................................... | provisionally accepted at our institutionnot accepted at our institutionDean’s signature..........................................................................................Date :................................................................................ |
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