



Erasmus+

## STUDENT APPLICATION FORM - Page 1 / 2

### KA103 SMP (traineeship mobility)

ACADEMIC YEAR **2020/2021** Proposed term of the training: [dd/mm/yyyy] - [dd/mm/yyyy]

FIELD OF STUDY (ISCED-F 2013 code): .....

First name(s) .....

LAST NAME(s) .....

(Photograph)

**Be advised that this application should be completed in BLACK and BLOCK LETTERS**

### SENDING UNIVERSITY

Name and full address:		Erasmus Code:
Departmental/Faculty coordinator - name	phone number	e-mail
Institutional coordinator - name	phone number	e-mail

### LANGUAGE COMPETENCE

Mother tongue: .....		Language of instructions at sending institution (if different): .....				
Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures (min. B1+)		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<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

Recent student's level of studies: <input type="checkbox"/> <b>BSc</b> (EQF level 6) <input type="checkbox"/> <b>MSc</b> (EQF level 7) <input type="checkbox"/> <b>PhD</b> (EQF level 8)
<input style="width: 50px;" type="text"/> Number of higher education study years prior to departure abroad

### SENDING UNIVERSITY

Coordinator's

Student's signature: ..... Coordinator's signature and stamp: .....

### RECEIVING UNIVERSITY - Czestochowa University of Technology

We hereby acknowledge receipt of the application, the proposed learning agreement.		
The above-mentioned student is		<input type="checkbox"/> provisionally accepted at our institution <input type="checkbox"/> not accepted at our institution
Dean's signature	Departmental coordinator's signature	Institutional coordinator's signature
Date: .....	Date: .....	Date: .....





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First name(s) ..... (Imię)  Male  
 Female

LAST NAME(s) ..... (NAZWISKO) ..... student's cell phone number

student's 1<sup>st</sup> e-mail address (obligatory) ..... student's 2<sup>nd</sup> e-mail address (obligatory) .....

BIRTH (urodzony/a) Place: ..... (miejsce) Country: ..... (kraj) Date : ..... dd/mm/yyyy

FATHER (ojciec) First name(s): ..... (Imię) LAST NAME(S) ..... (NAZWISKO)

MOTHER (matka) First name(s): ..... (Imię) LAST NAME(S) ..... (NAZWISKO)

Home address (adres zamieszkania) Country: ..... (kraj)

Postal code: ..... (kod pocztowy)

City: ..... (miescowość)

Street: ..... (ulica)

Number: ..... (numer)

Passport № (non-EU or EU citizens): ..... (numer paszportu) Or National ID card № (EU citizens only): ..... (numer dowodu osobistego)

Full name of the most recent completed school: ..... (nazwa ostatnio ukończonej szkoły)

Graduation date and certificate number: ..... dd/mm/yyyy ..... certificate number

Studies starting date (at the sending university) (data rozpoczęcia studiów) ..... dd/mm/yyyy

..... Date and student's signature

The part below the line will be filled by the Czestochowa University of Technology officer

Wydział:  WB  WE  WIMiI  WIPiTM  WliŚ  WZ

Data rozpoczęcia nauki w PCz: .....

Kierunek / specjalność: .....

Semestr: ..... Kod USOS: .....

..... (data)

..... (czytelny podpis)

V 29/06/2018

