



ACADEMIC YEAR 2021 / 2022 autumn semester

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 INSTITUTION

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

PREVIOUS AND CURRENT STUDY

Recent student's level of studies: BSc (EQF level 6) MSc (EQF level 7) PhD (EQF level 8)

Number of higher education study years prior to departure abroad

SENDING INSTITUTION

Coordinator's

Student's signature:

signature and stamp:

RECEIVING INSTITUTION - 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 1st e-mail address (obligatory) student's 2nd 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: (miejsowość)

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 29/6/2018

