# logo_UPH logo_erasmus_plus

# STUDENT APPLICATION FORM

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

(Photograph)

**ACADEMIC YEAR 20… /20… FIELD OF STUDY**: .........................................

|  |
| --- |
| **SENDING INSTITUTION**  Name and full address:  ………………………………………………………………………………………………………………….  Department coordinator - name, telephone and telefax numbers, e-mail address: ............................................................................................................................................................................  ............................................................................................................................................................................  Institutional coordinator - name, telephone and telefax numbers, e-mail address:  ............................................................................................................................................................................  ............................................................................................................................................................................ |

**STUDENT PERSONAL DATA**

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

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

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

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

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

**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 |
| ..........................  ..........................  .......................... | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |

**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 provided be at a later stage.** |

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

|  |  |
| --- | --- |
| **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 🞏  🞏  Departmental coordinator’s signature  ..............................................................................  Date: .................................................................... | provisionally accepted at our institution  not accepted at our institution  Institutional coordinator’s signature  ..........................................................................................  Date : ................................................................................ |
|  | |

This application should be completed in capital letters or typed. Please return 1 copy of this form to the following address:

Siedlce University of Natural Sciences and Humanities

Office for Research and Cooperation

ul. Konarskiego 2

08-110 Siedlce

Poland

tel.: +48 25 643 19 61

fax: +48 25 644 20 45