# logo_UPH logo_erasmus_plus

# STUDENT APPLICATION FORM

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**ACADEMIC YEAR 2019/2020 FIELD OF STUDY**: .........................................

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

**STUDENT PERSONAL DATA**

|  |  |
| --- | --- |
| surname: ..............................................................  Sex: ............... Nationality:................................... | First name (s): .................................................................  E-mail: ............................................................................. |

**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. ....................................... | ..................... | ............. | ........... | ................... | ........................................ |

|  |
| --- |
| Briefly state the reasons why you wish to study at Siedlce University of Natural Sciences and Humanities.  ...........................................................................................................................................................................  ............................................................................................................................................................................ |

**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.** |

**ACCOMMODATION**

|  |
| --- |
| Do you wish to book accommodation at a student? Yes 🞏 No 🞏  If so,  Would you like a  single room (PLN 480 per month) □ twin room (320 per month) □  ***Rental period***  From …………………………………….. till …………………………………………….  Briefly state your preferences regarding whom you wish to be accommodated with: …………………………………………………………………………………………………………………. |

Date …………………… Applicant’s Signature ………………………….

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION** | |
|  | |
| 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,**

**Erasmus+ Office,**

**ul. Konarskiego 2,**

**08-110 Siedlce,**

**Poland**

**tel.: +48 25 643 19 61**

**RODO clause**

According to the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data,   
please be informed that:

1) The administrator of your data is Siedlce University of Natural Sciences and Humanities, represented by its Rector, based in 2 Stanisława Konarskiego str., 08-110 Siedlce.

2) The administrator has appointed a Data Protection Officer supervising the correctness of data processing, who can be contacted via email: [iod@uph.edu.pl](mailto:iod@uph.edu.pl).

3) Your personal data will be processed in connection with your participation in the Erasmus+ programme and based on your consent.

4) Providing your personal data by yourself is voluntary and necessary for the purpose of achieving the objectives that they have been collected for.

5) External entities will not have access to your personal data apart from the Polish National Agency for the Erasmus+ programme; access to your data will be provided to the employees authorized by the data administrator.

6) Your personal data will be stored for the period of five years since a formal communication by the National Agency for the Erasmus+ programme about the final settlement of the project.

7) You have the right to access your data in order to rectify, delete, and limit its processing, as well as the right to object to its processing and to withdraw your consent to its processing by sending an e-mail to [reknauka@uph.edu.pl](mailto:reknauka@uph.edu.pl)

8) You have the right to lodge a complaint to the General Inspector for Personal Data Protection if you decide that the processing of your personal data violates the regulations of the General Regulation.

………………………………………………………..

*Signature of Participant*

Date: …………………………………………………

**Consent clause**

I hereby give my consent for my personal data to be processed for the purpose of my participation in the Erasmus+ programme according to the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. I have read the above information and I am aware of my rights. I agree to allow Siedlce University of Natural Sciences and Humanities to publish photos of me in print and electronic formats such as publications and websites without restriction.

I understand that I will not receive payment or other compensation for the use of my photos.

………………………………………………………..

*Signature of Participant*

Date: …………………………………………………