# logo_UPH logo_erasmus_plus

# STUDENT APPLICATION FORM

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

 (Photograph)

**ACADEMIC YEAR 2018/2019 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 studyfrom to | Duration of stay (months) | N° of expected ECTS credits |
| 1. ........................................2. ........................................3. ........................................ | ............................................................... | ....................................... | ................................. | ......................................................... | ......................................................................................................................... |

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

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| --- |
| **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 institutionnot accepted at our institutionInstitutional 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