



**APPLICATION FORM  
ERASMUS+ PROGRAMME**

(PHOTO)

**ACEDEMIC YEAR:** ……………… **/** ………………

**FIELD OF STUDY:** ………………………………….

*This application should be completed in BLACK in order to be easily copied and/or telefaxed.*

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| FULL ADRESS: | ***THE ACADEMY OF BUSINESS AND HEALTH SCIENCES*** |
| *ul. Piotrkowska 278, 90-361 Lodz, Poland* |

|  |  |  |
| --- | --- | --- |
| INSTITUTIONAL ERASMUS + COORDINATOR: | *name:* | Wojciech Welskop |
| *email:* | w.welskop@medyk.edu.pl |
| *telephone* | 42 683 44 05 |
| *telephone/fax:* | 42 683 44 22 |

**STUDENT’S PERSONAL DATA**

*(to be completed on computer or in capitals by the student applying)*

|  |  |  |  |
| --- | --- | --- | --- |
| FAMILY NAME: |  | FIRST NAME: |  |

|  |  |
| --- | --- |
| DATE OF BIRTH: |  |
| SEX: |  |
| NATIONALITY: |  |
| PESEL: |  |

|  |  |  |
| --- | --- | --- |
| ADRESS FOR CORREAPONDENCE: |  | |
|  |
|  |
|  |
| TEL.: |  | E-MAIL: |

**THE RECEIVING INSTITUTION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FULL NAME AND ADRESS: |  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| PERIOD OF STUDY | FROM: |  | | TO: |  | | MONTHS: | |  | |
| NUMBER OF EXPECTED ECTS CREDITS: | | |  | | |  | |  | |  | |

**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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**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.***

FOR 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* |  | *provisionally accepted at our institution* |
|  |  | *not accepted at our institution* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student's supervisor signature:** | | |  | **Exchange Co-ordinator signature:** | |
|  | |  | |  | |
| Date: |  | |  | Date: |  |