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**ERASMUS+ Programme**

(Photograph)

**STUDENT APPLICATION FORM**

**MOBILITY FOR TRAINEESHIP (SMP)**

**ACADEMIC YEAR 20……/20…....**

**WINTER SEMESTER □**⁭ **SUMMER SEMESTER** ⁭□

**FIELD OF STUDY: ………………………………………...................................…**

***This application should be completed on the computer and printed***

**STUDENT PERSONAL DATA**

**Family name:** ……………………………………………………......................................................................................................

**First name(s**): ………………………………………….…............................................................................…...........................….

**Date of birth (day/month/year)** : ………………………………………………………………………………………………….….….

**Sex**: ……… **Nationality**………….................. **Place of birth (city, country)** .............................................................................

……………………………………………… **e-mail**………….......................................................................................................

**Permanent address**: ...................................................................................................................................................................

…………………………………………………………………………………………………………………….…....................................

**ID/PASSPORT NO**.: ………………………………………………………………………………………………..

**LANGUAGE COMPETENCE**

Mother tongue:……………........... Language of instruction at home institution (if different): ………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other languages | I have sufficient knowledge to follow lectures | | I need some extra preparation | |
|  | Yes | No | Yes | No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SENDING INSTITUTION**

Name and address:

……………………………………………………………………………...…………………………………………………………………………………………………...…………………….........................................................

ERASMUS ID Code of the institution: ……………………………… Country……………..........................................................….

Departmental Coordinator – name, telephone numbers, e-mail: ................................................................................

…………………………………………………………………………...…………………….............................…

Institutional coordinator - name, telephone number, e-mail ........................................................................

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……………………………………. …………………………………………….

Applicant’s signature Date

**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 out institution

□ not accepted at our institution

**Institutional coordinator’s signature**

**..................................................................**

**Date..........................................................**

**PLEASE, SEND THE APPLICATIONS TO:**

**erasmus@urk.edu.pl**