

ECTS - EUROPEAN CREDIT TRANSFER AND ACCUMULATION SYSTEM

ERASMUS STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 20.. /20..

FIELD OF STUDY:

This application should be completed in **BLACK** and **CAPITALS** in order to be easily read, copied, faxed or e-mailed

SENDING INSTITUTION

Name and full address:

Country:

Department coordinator - name, telephone, fax and e-mail

Institutional coordinator - name, telephone, fax and e-mail

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

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

Briefly state the reasons why you wish to study abroad ?

.....

.....

.....

LANGUAGE COMPETENCE

Mother tongue:				
Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures, projects or laboratories	
	yes	no	yes	no
1. English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ?

Do you wish to have a place (a room) in a students hostel reserved? Yes No

Which faculty do you wish to study ?

Faculty of Civil Engineering and Architecture

Faculty of Environmental Engineering, Geomatics and Power Engineering

Faculty of Electrical Engineering, Automatics and Computer Science

Faculty of Mechatronics and Machine Design

Faculty of Management and Computer Modelling

Student signature: Date:

RECEIVING INSTITUTION

KIELCE UNIVERSITY OF TECHNOLOGY, POLAND

We hereby acknowledge receipt of the application and the proposed learning agreement.

The above-mentioned student is Departmental Coordinator's signature Date:	<input type="checkbox"/> accepted at our institution <input type="checkbox"/> not accepted at our institution Dean of the Faculty Date :
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Please return this form to:
Kielce University of Technology
Department of International Relations
Al. Tysiąclecia Państwa Polskiego 7, 25-314 Kielce, POLAND