

**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

<p><b>SENDING INSTITUTION</b>                  Name and full address: .....</p> <p>Country: .....</p> <p>Department coordinator - name, telephone, fax and e-mail</p> <p>Institutional coordinator - name, telephone, fax and e-mail</p>
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**STUDENT'S PERSONAL DATA**

*(to be completed by the student applying)*

<p>Family name: ..... First name (s): .....</p> <p>Date of birth: .....</p> <p>Sex: ..... Nationality: .....</p> <p>Place of Birth: .....</p> <p>Current address: ..... Permanent address (if different):</p> <p>Current address is valid until: .....</p> <p>Tel.: ..... Tel.: .....</p> <p>Fax: ..... Fax: .....</p> <p>E-mail: ..... E-mail:</p>
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<p>Briefly state the reasons why you wish to study abroad ?</p>  
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**LANGUAGE COMPETENCE**

Mother tongue: .....				
Other languages	I am currently studying this language		I have sufficient knowledge to follow 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, Geomatic and Energy Engineering
- Faculty of Electrical Engineering, Automatic Control and Computer Science
- Faculty of Mechatronics and Mechanical Engineering
- 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	<input type="checkbox"/> accepted at our institution <input type="checkbox"/> not accepted at our institution  Dean of the Faculty
Date: .....	Date : .....

Please return this form to:  
**Kielce University of Technology**  
**Department of International Relations**  
**Al. Tysiąclecia Państwa Polskiego 7, 25-314 Kielce, POLAND**