*PHOTOGRAPH*

**STUDENT MOBILITY FOR STUDIES**

**APPLICATION FORM**

ACADEMIC YEAR 20… /20…

FIELD OF STUDY:

|  |  |
| --- | --- |
| **First name:** | **Surname:** |
| **Date of Birth:** | **Nationality:** |
| **Sex: M/F** | **Passport/ID Number:** |
| **Permanent residence address:** | |
| **Telephone:** | **E-mail address:** |
|  | |
| **Home (Sending) Insitution name:** | |
| **Country:** | **Address:** |
| **Faculty:** | **Current study cycle:**  **Bachelor/ Master/ PhD\*** |
| **Department coordinator – name:** | **Email address:** |
| **Erasmus+ / International Office contact:** | **Email address:** |
|  | |
| **Planned study period:** | |
|  | |
| **Faculty at Host University that you wish to study at:**   * 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 | |
|  | | |
| **Bank account details (where the financial support should be paid)** | | |
| Bank account holder (if different than participant): |  | |
| Bank name: |  | |
| Clearing/BIC/SWIFT number: |  | |
| Account/IBAN number: |  | |

|  |  |
| --- | --- |
| *I hereby certify that the statements in this application form are correct and complete.*  *I hereby declate that I have read and I am familiar with* ***Formal procedures of applying for a study period at Kielce University of Technology (Erasmus+ student mobility between Partner and Programme countries)***  *I hereby give consent for my personal data to be processed for the purposes of recruitment and qualification process under the Data Protection Act of 29.08.1997 [Journal of Laws of 2016, no. 922, with further amendments]. Upon accepting my application by Kielce University of Technology, I hereby agree to process my personal data for the purposes of administrative and financial process in the period of my stay at the Kielce University of Technology until settling the mobility.*  *The administrator of personal data is Kielce University of Technology represented by the Rector, Al. Tysiąclecia Państwa Polskiego 7, 25-314 Kielce..*  *I hereby give/not give\* consent for use of personal image and personal data for the purposes of promotion and dissemination of the Erasmus+ project during and after my stay at Kielce University of Technology for the period of 5 years.* | |
| **Place and date:** | **Signature of the participant:** |

*\* Choose as appropriate*