

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>SENDING INSTITUTION 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>

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