



ACADEMIC YEAR / **proposed term of the training:**
[dd/mm/yyyy – dd/mm/yyyy]

FIELD OF STUDY
(ISCED-F 2013 code):

First name(s):

LAST NAME(S):



Be advised that this application should be completed in BLACK and BLOCK LETTERS

SENDING INSTITUTION

Name and full address:		Erasmus Code:
Departmental/Faculty coordinator - name		phone number
		e-mail
Institutional coordinator - name		phone number
		e-mail

LANGUAGE COMPETENCE

Mother tongue:	Language of instructions at sending institution (if different):					
Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures (min. B1+)		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS AND CURRENT STUDY

Recent student's level of studies: <input type="checkbox"/> BSc (EQF level 6) <input type="checkbox"/> MSc (EQF level 7) <input type="checkbox"/> PhD (EQF level 8)
Traineeship to be carried by: <input type="checkbox"/> student - embedded in the curriculum/ <input type="checkbox"/> student - voluntary/ <input type="checkbox"/> recent graduate

SENDING INSTITUTION Coordinator's signature and stamp:

Student's signature:

RECEIVING INSTITUTION - Czestochowa University of Technology

We hereby acknowledge receipt of the application, the proposed learning agreement.		
The above-mentioned student is		<input type="checkbox"/> provisionally accepted at our institution <input type="checkbox"/> not accepted at our institution
Dean's signature	Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date:	Date:



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First name(s) Male
(imię) Female

LAST NAME(s) (NAZWISKO) student's cell phone number

student's 1st e-mail address (obligatory) student's 2nd e-mail address (obligatory)

BIRTH (urodzony/a) Place: (miejsce) Country: (kraj) Date : dd/mm/yyyy

FATHER (ojciec) First name(s): (imię) LAST NAME(s) (NAZWISKO)

MOTHER (matka) First name(s): (imię) LAST NAME(s) (NAZWISKO)

Home address (adres zamieszkania) Country: (kraj)

Postal code: (kod pocztowy)

City: (miejscowość)

Street: (ulica)

Number: (numer)

Passport No (non-EU or EU citizens): (numer paszportu) or National ID card No (EU citizens only): (numer dowodu osobistego)

Full name of the most recent completed school: (nazwa ostatnio ukończonej szkoły)

Graduation date and certificate number: dd/mm/yyyy certificate number

Studies starting date (at the sending university) dd/mm/yyyy

.....
Date and student's signature

The part below the line will be filled by the Czestochowa University of Technology officer

Wydział: WB WE WIMiI WIPiTM WliŚ WZ

Data rozpoczęcia nauki w PCz:

Kierunek / specjalność:

Semestr: Kod USOS:

.....
(data)

.....
(czytelny podpis)