

### STUDENT APPLICATION FORM

ERASMUS+ PROGRAMME

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|  |  | Recent photo |
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| **1. Sending Institution** |
| Name |            | Full address |            |
| Department Coordinator |            | Contact information |            |
| Institutional Coordinator |            | Contact information |            |

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| **2. Personal information** |
| Family (last) name |                 | First name (s) |                 |
| Date of Birth (dd-mm-yyyy) |      -     -      | Place of Birth |                 |
| Citizenship |                 | Sex | Male [ ]  Female [ ]  |
| Passport/ID No. |                 | Valid | from       till       |

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| **3. Applicant contact information** |
| E-mail address |                 | Telephone number |                 |
| **Current address:** | **Permanent address:** |
| *House and Street* |                 | *House and Street* |                 |
| *City* |                 | *City* |                 |
| *Postal code* |                 | *Postal code* |                 |
| *Country* |                 | *Country* |                 |
| Mailing address | [ ]  |  | [ ]  |

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| **4. Person to contact in case of emergency** |
| Family (last) name |                 | First name (s) |                 |
| Relationship to You |                 | Telephone number |                 |
| Address |                 | E-mail address |                 |

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| **5. Language proficiency** |
| Mother tongue |            | Language of instruction at school, if different |            |
| Other languages | Bulgarian:       | English:       | :       |       :       |
| **E** - excellent**, G**-good, **F**- fair |
| Have You taken the TOEFEL or IELTS? | Yes [ ]  | No [ ]  |
| If “YES” then what was your score? |       | Date passed: |            |
| If “NO” then indicate your English proficiency  | Speaking:       | Reading:       | Writing:       |
| **E** - excellent**, G**-good, **F**- fair |

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| **6. Current study** |
| Degree for which you are currently studying | Undergraduate [ ]  | Postgraduate [ ]  | Doctorate [ ]  |
| Study field |       |
| Number of study semesters prior departure abroad |       |

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| **7. Financial information** |
| Please, specify your funding resources for tuition and accommodation |
| [ ]  | Parents | [ ]  | Scholarship |
| [ ]  | Personal | [ ]  | Other |

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| **8. Duration of study period atJagiellonian University** |
| Academic year |  |
| [ ]  | Autumn semester: September 1 - December 20 |
| [ ]  | Spring semester: February 1 - June 15 |
| [ ]  | All academic year: September 1 - June 15 |
| [ ]  | Other period: from            to            |

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| **I confirm that information I have provided in this application is true and correct** (print and sigh this document). |
| Signature of applicant | Date (dd.mm.yyyy) |

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| **RECEIVING INSTITUTION** |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. The above-mentioned student is [ ]  provisionally accepted at our institution [ ]  not accepted at our institution  |
| **Departmental coordinator** | **Institutional coordinator’s signature** |
| Name, surname, signature |  | Name, surname, signature |  |
| Date |  | Date |  |