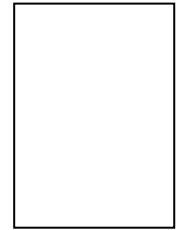




PAŃSTWOWA  
WYŻSZA  
SZKOŁA  
ZAWODOWA  
WE WŁOCŁAWKU



**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM  
STUDENT APPLICATION FORM**

(Photo)

**ACADEMIC YEAR:**

**FIELD OF STUDY:**

This application **MUST** be completed in **BLACK** on the **COMPUTER**.

**SENDING INSTITUTION**

Name and full address:

Department coordinator:

.....  
Institutional coordinator:

**STUDENT'S PERSONAL DATA**

*(to be completed by the student applying)*

Family name:

First name (s):

Date of birth:

Sex: female:

Place of Birth:

Current address:

Permanent address (if different): .....

.....

.....

.....

.....

Current address is valid until:

.....

Tel.:

.....

**Email:**

Tel.:

.....

**LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

	Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
			from	to		
1.	.....	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....	.....

Name of student:

Sending institution: \_\_\_\_\_ Country: \_\_\_\_\_

Briefly state the reasons why you wish to study abroad ?

**LANGUAGE COMPETENCE**

Mother tongue:		Language of instruction at home institution (if different): .....				
Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<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: BA  
 Number of higher education study years prior to departure abroad: two  
 Have you already been studying abroad ? Yes  No   
 If Yes, when ? at which institution ? .....

**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will provided be at a later stage.**

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes  No

**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's signature \_\_\_\_\_ Institutional coordinator's signature \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_