**key action 1 – mobility of individuals**

**higher education students**

**erasmus +**

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR 20 \_ \_ /20 \_ \_**

**FIELD OF STUDY**: Business & Administration

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

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| --- |
| **SENDING INSTITUTION, FACULTY**  Name and full address: Warsaw University of Technology, Faculty of Management, ul. Narbutta 85, Warsaw, POLAND  **Tutor - name, telephone and telefax numbers, e-mail box**  Kamil SITARSKI, PhD Eng., international@wz.pw.edu.pl  **Dean - name, telephone and telefax numbers, e-mail box**  Prof. Tadeusz KRUPA, PhD Eng., international@wz.pw.edu.pl |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: .......................................................  Date of birth: .......................................................  Sex: ...............Nationality:...................................  Place of Birth: .....................................................  Current address: ..................................................  ..............................................................................  ..............................................................................  ..............................................................................  Current address is valid until: .............................  Tel.: ..................................................................... | First name (s): .................................................................  Permanent address (if different): ....................................  ..........................................................................................  ..........................................................................................  ..........................................................................................  ..........................................................................................  Tel.: .................................................................................. |

**PREVIOUS PARTICIPATION IN ERASMUS: YES/NO**

**Previous participation in Erasmus at the same level of study**

**Study Cycle**: **FIRST**

**SECOND**

**THIRD**

**Study** (Number of months): ……………………………………………………………….

**~~Placement~~** ~~(Number of months): .........................................................................................~~

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | Country | Period of study  from to | | Duration of stay (months) | N° of expected credits  (hours) |
| 1. Warsaw University of Technology, Faculty of Management | Poland |  |  |  |  |

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| --- |
| Name of student: ...............................................................................................................................................  Sending institution, Faculty:  ............................................................................................. Country: ............................................................... |

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| 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 |
| ..........................  ..........................  .......................... | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |

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

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| Do you wish to apply for an ERASMUS + mobility grant to assist towards the additional costs of your study period abroad? Yes 🞏 No 🞏 |

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION, Department:**  **Warsaw University of Technology, Faculty of Management** | |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. | |
| The above-mentioned student is 🞏  🞏  Tutor’s signature (Dean’s Representative):  ..............................................................................  Date :.................................................................... | provisionally accepted at our institution  not accepted at our institution  Dean’s signature:  *Not applicable*  ..........................................................................................  Date :................................................................................ |
|  | |