

ERASMUS STUDENT APPLICATION FORM

ACADEMIC YEAR 201__/201__

PHOTO

FIELD OF STUDY:

SENDING INSTITUTION

COLLEGE OF EDUCATION AND THERAPY, ul. Grabowa22, 61-473 Poznan, POLAND

Tel/Fax: +48 61 8327776 <http://www.wseit.edu.pl>

Institutional Co-ordinator

AGATA NIEBOJ Tel/Fax: +48 61 8327776 ext. 130 international@wseit.edu.pl

STUDENT'S PERSONAL DATA

(to be completed by student applying)

Family name: First name:

Date of birth: Sex:

Nationality: Place of birth:

Current address:

Permanent address (if different)

E-mail: Tel:

RECEIVING INSTITUTION	Country	Period of study	Duration of stay (in months)	No. of expected ECTS credits
1.				
2.				
3.				

Briefly state the reasons why you wish to study abroad?

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LANGUAGE COMPETENCE

Mother tongue: POLISH

Language of instruction at home institution: _____

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						
SPANISH						

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 **BACHELOR**
Number of higher education study years prior to departure abroad:
Have you already been studying abroad?
If yes, when? At which institution?

SENDING INSTITUTION

The above-mentioned student is accepted for Erasmus exchange:

Departmental co-ordinator's signature	Dean of Faculty/Director of Institute
.....
date:.....	date:.....