

ECTS

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR: 20.../20...

FIELD OF STUDY:

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

SENDING INSTITUTION

Cracow University of Technology, ul. Warszawska 24, 31-155 Kraków, Poland

Student's Supervisor - name, telephone and fax numbers, e-mail
.....
.....

Vice-Dean for Student Affairs - name, telephone and fax numbers, e-mail.....
.....
.....

STUDENT'S PERSONAL DATA

(to be completed in capitals by the student applying)

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

THE RECEIVING INSTITUTION

University	Country	Period of study from to		Duration of stay (months)	N° of expected ECTS credits
.....
.....					

Name of student:

Sending institution: **Cracow University of Technology (PL KRAKOW03)**

Country: **Poland**

Briefly state the reasons why you wish to study abroad.

.....
.....
.....
.....

LANGUAGE COMPETENCE

Mother tongue:

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
.....	<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"/>
.....	<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:

Number of higher education study years prior to departure abroad:

Have you already been studying abroad ? Yes ☐ No ☐

If Yes, when ? at which institution ?

ACCOMODATION:

required ¹ from: to:.....

not required ¹

RECEIVING INSTITUTION

We hereby acknowledge the receipt of the application.

The above-mentioned student is

☐ provisionally accepted at our institution

☐ not accepted at our institution

Departmental co-ordinator's signature

Institutional co-ordinator's signature

.....
Date:

.....
Date: