

STUDENT APPLICATION FORM – ERASMUS+

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

Academic year	
Field of study	

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Last name (s)		First name (s)	
Date of birth		Nationality	
Sex [M/F]		Academic year	20.. / 20..
Study cycle		Subject area, Code	
Phone		E-mail	
Permanent address		Current address <i>(if different from permanent one)</i>	

THE SENDING INSTITUTION

Name	Brno University of Technology	Faculty	
Erasmus code (if applicable)	CZ BRNO01	Department	
Address		Country, Country code	Czech Republic, CZ
Department coordinator			
Name and surname			
E-mail		Phone	
Institutional coordinator			
Name and surname	Tomáš Lády		
E-mail	lady@ro.vutbr.cz	Phone	+420 541 145 145

THE RECEIVING INSTITUTION

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

Briefly state the reasons why you wish to study abroad ?
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LANGUAGE COMPETENCE

Mother tongue: instruction at home institution (if different):				Language of		
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 <input type="checkbox"/> No <input type="checkbox"/>
If Yes, when and 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.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>

THE 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:	<input type="checkbox"/> provisionally accepted at our institution
	<input type="checkbox"/> not accepted at our institution
Departmental coordinator's signature	Institutional coordinator's signature
Date:	Date: