



UNIVERSITY OF APPLIED SCIENCES IN TARNOW

APPLICATION FORM FOR INCOMING STUDENTS ERASMUS STUDENT 2020/2021		PHOTO
To go abroad for: Study <input type="checkbox"/> Training <input type="checkbox"/> Study Period: 1 st semester <input type="checkbox"/> 2nd semester <input type="checkbox"/> Academic Year <input type="checkbox"/>		
Please type this form. Handwritten forms will not be accepted.		
STUDENT'S PERSONAL DETAILS		
Family name		
First name(s)		
Date of birth		
Gender		
E-mail address		
Phone number		
Current address		
Sort code		
Town		
Country		
Nationality		
ID or passport number		
National Identification Number		
Contact person in case of emergency(name/address/phone)		
Matriculation number		

HOME INSTITUTION

Name	
Address	
Erasmus code	
Faculty	
Field of study	
Level of study during the mobility in the academic year 2020/2021 e.g. BA, BEng, MA	
Year of study in the academic year 2020/21 e.g. I, II, III	
Coordinator: name, phone, e-mail	
Stamp and signature of Erasmus Office / International Relations Office	

LANGUAGE COMPETENCE

English A1 A2 B1 B2 C1 C2 native speaker
 French A1 A2 B1 B2 C1 C2 native speaker
 German A1 A2 B1 B2 C1 C2 native speaker
 Italian A1 A2 B1 B2 C1 C2 native speaker

Other:..... A1 A2 B1 B2 C1 C2 native speaker

(A1 - beginner A2 - elementary B1 - intermediate B2 - upper-intermediate C1 - advanced C2 – proficiency)

Do you want to participate in Polish language course for Erasmus + Students (free of charge)?

YES
 NO

ACCOMMODATION

Please indicate here, if you would like to us to book a room for you in the university's student residence hall.

YES
 NO

Do you have any disabilities or needs that require extra assistance?

- YES (please specify)
- NO

CHECKLIST

Please send the complete set of documents by e-mail to dwzz@pwszta.edu.pl

Required documents:

- Application Form (please remember about the photograph on the first page)
- a copy of your passport or National Identity Card
- a copy of health insurance policy (for example European Health Insurance Card)
- provisional Learning Agreement (note –changes may occur)
- Transcript of Records (in English)
- English Language Certificate (written by an English language teacher)
- Nursing students: health record book
- Passport size photos (x4)

By signing this document I give my consent that University of Applied Sciences in Tarnow can keep my personal data for administrative purposes in order to enable my exchange.

Date

Student's signature

TO BE FILLED IN BY RECEIVING INSTITUTION

We hereby acknowledge receipt of the application and supporting documents for the above mentioned student.

The student is provisionally accepted at our institution
 not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

.....
Date:

.....
Date: