**ERASMUS
APPLICATION FORM 2015/2016**

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| **Student’s personal Data** |
| Family name: |  |
| First name(s): |  |
| Date of birth |  |
| Place of birth |  |
| Nationality |  |
| Subject of study |  |
| Year of study in 2014/2015 |  |
| Current address: |  |
| Tel: |  |
| Permanent address(if different): |  |
| Tel: | +48 |
|  | +48 |
| E-mail: |  @ |
|  |
| **Sending Institution** |
| Name of Sending Institution |  |
| Faculty: |  |
| Institute: |  |
| Institutional Erasmus |  |
| Co-ordinator: |  |
|  |
| **Partner Institution Applying For:** |
| Full name of the Institution: | **COLLEGE OF MANAGEMENT “EDUKACJA”** |
| Erasmus code: | **PL WROCLAW 13** |
| Country: | **POLAND** |
| Period of study at the | From / / to / / |
| Partner Institution: |  |
| Number of months: |  |
|  |
| **Language Knowledge** |
| Mother tongue: |  |
| Language of instruction at home institution (if different) |  |
| Other languages: | I am currently studying this language | I have a sufficient knowledge to follow lectures | I have a sufficient knowledge to write papers |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| Motivation for coming to College of Management Edukacja |
| **Signatures** |
| DeanDate and Signature | Erasmus Co-ordinatorDate and Signature |
|  |
| **Acceptance of Receiving Institution** |
| We hereby acknowledge receipt of the candidate’s application and the proposed learning agreement. The above mentioned student is: □ accepted at our institution □ not accepted at our institution |
|  |
| Departamental Erasmus co-ordinator…………………………………………….……………Date and Stamp | Institutional Erasmus co-ordinator…………………………………………….……………Date and Stamp |