

## Application Form for candidates to Erasmus + KA131 program. Academic year 2022/2023. Mobility for studies.

**SHOULD BE FILLED ON THE COMPUTER**

First and last name		<b>Photo</b>
Date and place of birth		
Permanent address:  - Street, number - City - Postal code		
Passport Number		
Identity Card Number		
Phone		
Address for correspondence		
Academic e-mail		
Department Field of studies Student card number		
Year of studies (during the recruitment)		
<p>Mean grade from the last completed year of studies preceding the academic year 2021/2022, when the recruitment is held, none lower than 3,25 (max. 5 points). The mean grade should be calculated by the rules presented in § 30 item 4 of the valid Rules and Regulations of The Medical University of Lodz : " The mean grade for a semester or a year of studies is calculated as an arithmetic mean of all semester grades (final grades), including failed grades, obtained in all attempts at credit and examinations, of the courses indicated in the program of studies for a given education cycle, subject to item 5 and 6.</p> <p>5. While calculating the mean grade mentioned in item 4, the following is considered:</p> <ol style="list-style-type: none"> <li>1) in the case of a credit test or an examination before the Examination Board – the credit test or examination grade entered into ESOS instead of the credit test or examination grade challenged in the mode specified in § 23, item 1;</li> <li>2) in the case of a positive grade being improved – the grade awarded at the second attempt, entered into ESOS instead of the previous grade, according to the regulation given in § 19 item 8.</li> </ol> <p>6. The mean grade is calculated to three decimal places and rounded to two decimal places, in accordance with the following rules:</p> <ol style="list-style-type: none"> <li>1) when the final digit after the decimal place is from 5 to 9, the value is rounded up;</li> <li>2) when the final digit after the decimal place is from 0 to 4, the value is rounded down.</li> </ol> <p>When it is impossible to calculate a mean grade for 2020/2021 the Admissions Committee will accept a mean grade from 2019/2020 during the application process.</p> <p>For 3<sup>rd</sup> cycle students the Admissions Committee will accept diploma evaluation from long-cycle Master's degree program or 2<sup>nd</sup> cycle program.</p>		<p><b>FILLED BY THE DEAN'S OFFICE</b></p> <p>.....</p> <p><b>(MEAN GRADE)</b></p> <p>.....</p> <p><b>(SIGNATURE AND STAMP OF THE EMPLOYEE OF THE DEAN'S OFFICE)</b></p>

<p><b>Level of foreign language command in which you wish to complete studies programme:</b></p> <p>The grade for the <b>foreign language exam</b> should be filled in by the <b>International Relations Office</b> based on the records from the exam provided by the MUL's Foreign Language Centre.</p> <p>The grade, based on the original foreign <b>language certificate/es</b> should be filled in by a teacher or director of MUL's <b>Foreign Language Centre CNJO</b></p> <p><b>PLEASE ATTACH COPY OF THE CERTIFICATE</b></p>	<input type="checkbox"/> <b>ENGLISH</b> <input type="checkbox"/> <b>FRENCH</b> <input type="checkbox"/> <b>SPANISH</b> <input type="checkbox"/> <b>GERMAN</b> <input type="checkbox"/> <b>ITALIAN</b> <input type="checkbox"/> <b>DUTCH</b>	<p>..... (GRADE )</p>
<p>..... (STAMP AND SIGNATURE OF THE ERASMUS OFFICER FROM INTERNATIONAL RELATIONS OFFICE OR IN CASE OF CERTIFICATE TEACHER/DIRECTOR OF CNJO)</p>		
<p><b>ADDITIONAL CRITERIA</b></p> <p><b>Publications:</b></p> <ul style="list-style-type: none"> <li>- in reviewed journals on the Master Journal List with the IF – ..... (number) 0,5 point first, 0,25 second, 0,1 next</li> <li>- in reviewed foreign journals – .....(number) 0,3 point first , 0,15 second, 0,1 next</li> <li>- in polish journals on the MNiSW list – .....(number) 0,2 point first, 0,1 next</li> </ul> <p><b>PLEASE FILL WITH NUMBER OF PUBLICATION AND ADD COPY OF CONFIRMATION</b></p> <p><b>Projects awarded during symposiums, scientific congresses, conferences or scientific contests:</b></p> <ul style="list-style-type: none"> <li>- international level – ..... (number) 0,5 point first, 0,25 second, 0,1 next</li> <li>- national level – ..... (number) 0,3 point first, 0,15 second, 0,1 next</li> <li>- university level – ..... (number) 0,2 point first, 0,1 next</li> </ul> <p><b>PLEASE FILL WITH NUMBER OF PROJECTS AWARDED AND ADD COPY OF CONFIRMATION</b></p> <p><b>Active participation in scientific congresses and symposiums :</b></p> <ul style="list-style-type: none"> <li>- international level– ..... (number) 0,5 point first, 0,25 second, 0,1 next</li> <li>- national level – ..... (number) 0,3 point first, 0,15 second, 0,1 next</li> <li>- university level – ..... (number) 0,2 point first, 0,1 next</li> </ul> <p><b>PLEASE FILL WITH NUMBER AND ADD COPY OF CONFIRMATION THE PARTICIPATION</b></p>		
<p><b>Participation in MUL research-interest groups</b></p> <p><input type="checkbox"/> At least 1 year – 0,5 point</p> <p>..... (stamp and signature of the coordinator responsible for the research – interest group)</p>	<p><b>Participation in MUL Choir</b></p> <p><input type="checkbox"/> At least 1 year – 0,5 point</p> <p>..... (stamp and signature of the choir coordinator- Katarzyna Starosta)</p>	

<b>Participation in MUL Academic Sport Association (confirm by Mrs Katarzyna Rożniata, Coordinator of AZS MUL)</b> <input type="checkbox"/> At least 1 year – 0,5 point  ..... (signature and stamp of coordinator)	<b>Involvement in the „Buddy programme” :</b>  <input type="checkbox"/> 0,5 point based on application <input type="checkbox"/> 1 point based on application  ..... (signature and stamp of Administrative Erasmus Coordinator)		
<b>Have you attended the Erasmus mobility programme before?</b>  No <input type="checkbox"/> (1 point)      Yes, mobility for studies <input type="checkbox"/> Yes, mobility for traineeship <input type="checkbox"/> <b>If you answer yes please fill table below!</b>			
<b>Mobility 1</b>  Period: .....months.....days  Please fill the dates : from .....to.....  Name of Institution/Hospital.....			
<b>Mobility 2</b>  Period: .....months.....days  Please fill the dates : from .....to.....  Name of Institution/Hospital.....			
<b>If yes, how long have you participated in Erasmus mobility programme?</b> .....months			
<b>University, where you would like to study ( in order of preference)</b>			
1.	2.		
3.	4.		
5.			
<b>Erasmus programme for studies require 30 ECTS points for 1 semester mobility and 60 ECTS for whole academic year mobility. INCOMPLETE FORM, ESPECIALLY LACK OF PROGRAMME WILL NOT BE CONSIDERED</b>			
<b>1st University Programme</b>			
COURSES TO TAKE ON THE RECEIVING INSTITUTION	ECTS POINT/ HOURS	EQUVALENT COUSES ON MEDICAL UNIVERSITY OF LODZ	ECTS POINT/ HOURS


### 2nd University Programme

COURSES TO TAKE ON THE RECEIVING INSTITUTION	ECTS POINT/HOURS	EQUIVALENT COUSES ON MEDICAL UNIVERSITY OF LODZ	ECTS POINT/HOURS

### 3rd University Programme

COURSES TO TAKE ON THE RECEIVING INSTITUTION	ECTS POINT/HOURS	EQUIVALENT COUSES ON MEDICAL UNIVERSITY OF LODZ	ECTS POINT/HOURS

### 4th University Programme

COURSES TO TAKE ON THE RECEIVING INSTITUTION	ECTS POINT/HOURS	EQUIVALENT COUSES ON MEDICAL UNIVERSITY OF LODZ	ECTS POINT/HOURS

<b>5th University Programme</b>			
COURSES TO TAKE ON THE RECEIVING INSTITUTION	ECTS POINT/HOURS	EQUVALENT COUSES ON MEDICAL UNIVERSITY OF LODZ	ECTS POINT/HOURS
<b>STUDY DURATION:</b> <input type="checkbox"/> 5 MONTHS <input type="checkbox"/> 9 MONTHS <input type="checkbox"/> OTHER.....		<input type="checkbox"/> WINTER SEMESTER <input type="checkbox"/> SUMMER SEMESTER <input type="checkbox"/> ACADEMIC YEAR	
<b>Do you receive a social scholarship during the application process in 2019/2020?</b> yes <input type="checkbox"/> no <input type="checkbox"/>			
<b>Do you have a status of person with disabilities?</b> yes <input type="checkbox"/> no <input type="checkbox"/>			
<input type="checkbox"/> I consent to the processing of my personal data for the needs necessary to carry out the recruitment process in accordance with the Act of 10 May 2018 on Personal Data Protection (Journal of Laws of 2018, item 1000) and in accordance with the Regulation of the European Parliament and of the Council (EU) 2016 / 679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and the repeal of Directive 95/46 / EC (RODO). *			
<input type="checkbox"/> I agree to share my university e-mail address with future students who would like to study abroad under the Erasmus + program at the same university where I studied (correspond to the period in which I am a student at the Medical University of Lodz)			
<input type="checkbox"/> I agree to share my private e-mail address ..... for future students who will want to take part studying abroad as part of the Erasmus + program at the same university where I studied (correspond to a period of two years from the end of my studies)			
<input type="checkbox"/> I agree to the processing of my personal data in collective databases for the needs of the Medical University of Lodz *			
..... place, date		..... signature	
*obligatory			

**DECLARATION OF A STUDENT OF THE LAST YEAR OF STUDIES ( first cycle) about the continuation of the second-cycle studies at the Medical University**

I hereby declare that I have read the formal criteria of the ERASMUS + Program and after completing my first-cycle studies I will continue my second-degree studies at the Medical University of Lodz.

.....  
(date)

.....  
(student signature)

**Consent of the Thesis Supervisor for participation in Erasmus + programme in the last semester of studies (correspond to the students of the last year of undergraduate, master's, supplementary and doctoral study cycles)**

I agree to the participation in the Erasmus + Program in the 2nd semester of 2022/2023

.....  
(data)

.....  
(signature of the Thesis Supervisor)

**For PhD students:**

**Opinion of the Dean or Deputy Dean for Didactics of the relevant Faculty**

I agree that student.....can participate in Erasmus + programme

for studies from .....to .....

date..... signature and stamp of Dean/Deputy Dean .....

**Opinion of the Thesis Supervisor**

I agree that student.....can participate in Erasmus + programme

for studies from .....to .....

date..... signature and stamp of Dean/Deputy Dean .....

**Dean's Office for PhD studies**

I certify that on ..... student ..... has the status of a PhD student. International relations Office - people responsible for Erasmus student mobility - will be informed about the status change within 14 days.

date..... signature and stamp of the Dean's Office Officer .....

**Declaration of resignation** from the scholarship received as part of the ERASMUS + Program

I declare that I resign from the ERASMUS + Program scholarship because of:

.....

.....

.....

.....

.....

.....  
(date)

.....  
(student signature)