**Student Application Form**

### Academic Year: 2022/2023

**Field of placement:**

**This application should be completed in BLOCK LETTERS, in BLACK in order to be sent to International Relations Office, 2 Muszyńskiego Street, 90- 151 Łódź before the deadline:**

**First semester (whole year) 31 May 2019**

**Second semester 1 December 2019**

|  |  |  |  |
| --- | --- | --- | --- |
| SENDING INSTITUTION: | | | |
| Name and full address: |  | | |
| Departmental coordinator  name,telephone and fax numbers, e-mail box: |  | | |
| Faculty/Department : |  | Country: |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT’S PERSONAL DATA | | | |
| Family name: |  | First name(s): |  |
| Date of birth: |  | Place of birth: |  |
| Nationality |  | Gender: |  |
| Current address: |  | | |
| Telephone: |  | E-mail: |  |
| Person to contact in case of emergency |  | | |
| Address: |  | | |
| Phone: |  | | |
| E-mail: |  | | |
|  |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| PERIOD OF PLACEMENT APPLIED FOR: | | | |
| 1st semester |  | 2nd semester : |  |
| Full academic year |  | other: | from to |
| Date of arrival to  MU Lodz |  | | |
|  |  |  |  |

|  |  |
| --- | --- |
| Student’s name: |  |
|  |  |

|  |  |
| --- | --- |
| Briefly state the reasons why you wish to study abroad? | |
|  | |
|  | |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| LANGUAGE COMPETENCE | | | |
| Mother tongue: | Language of instruction at home institution (if different) | | |
| Other languages | I am currently studying | I have sufficient knowledge to follow lectures | I would have sufficient knowledge to follow lectures if I had some extra preparation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | | |

|  |  |
| --- | --- |
| PREVIOUS AND CURRENT STUDIES  Diploma/degree for which you are currently studying: |  |
| Duration: |  |
| Academic Year You are currently studying (ex. 1st , 2nd, 3rd ….) |  |
|  |  |

|  |  |
| --- | --- |
| Student’s signature: | Date: |
|  |  |

|  |  |
| --- | --- |
| **To be completed by home coordinator**  The above mentioned student has been selected by the home university. I certify that all above mentioned information is correct.  Departmental coordinator’s signature | Date: |
|  |  |

|  |
| --- |
| **Medical University of Łódź, PL LODZ03**  We hereby acknowledge receipt of the Student Application Form, the proposed Learning Agreement  The above - mentioned student is  provisionally accepted at our institution  not accepted at our institution  Administrative Erasmus Coordinator Institutional/ Departmental coordinator’s signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |