**Student Application Form**

### Academic Year:

**Field of Study:**

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

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| SENDING INSTITUTION: |
| Name and full address: |  |
| Departmental coordinatorname,telephone and fax numbers, e-mail box: |  |
| Faculty/Department : |  | Country: |  |
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| STUDENT’S PERSONAL DATA |
| Family name: |  | First name(s): |  |
| Date of birth: |  | Place of birth: |  |
| Nationality |  | Gender: |  |
| ID or passport number:  |  |
| Telephone: |  | E-mail: |  |
| Current address: |  |
| Person to contact in case of emergency: |  |
| Phone: |  |
| E-mail: |  |
|  |  |

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| PERIOD OF STUDY APPLIED FOR: |
| 1st semester  | [ ]  | 2nd semester : | [ ]  |
| Full academic year | [ ]  | other:  | [ ]  from to  |
| Date of arrival to Medical University of Lodz |  |
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| Student’s name: |  |
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| Briefly state the reasons why you wish to study abroad? |
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| 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  |
|  | [ ]  | [ ] [ ]  | [ ]  |
|  | [ ]  | [ ] [ ]  | [ ]  |
|  | [ ]  | [ ] [ ]  | [ ]  |
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| PREVIOUS AND CURRENT STUDIESDiploma/degree for which you are currently studying:  |  |
| Duration: |  |
| Academic Year You are currently studying (ex. 1st , 2nd, 3rd ….) |  |
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| --- | --- |
| Student’s signature: | Date:  |
|  |  |