**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 coordinator  name,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 STUDIES  Diploma/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: |
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