



LLP - Erasmus

Student Application Form

Student's first name and family name	
Academic year	
Field of study	
Faculty	

SENDING INSTITUTION	
Name and full address	
Institutional Coordinator (name, phone, fax, e-mail)	
Departmental (Faculty) Coordinator (name, phone, fax, e-mail)	
PLANNED STUDY PERIOD IN HOST INSTITUTION	
Duration: months from..... to	
Educational field	

STUDENT PERSONAL DATA	
Family name	
First name	
Date of birth	
Place of birth	
Sex	
Nationality	
ID or Passport Number	

Permanent address	Street	
	House number	
	Apartment number	
	Town	
	Post Code	
Telephone		
E-mail		

ACCOMMODATION FORM		
The student applies for accommodation at the host institution (dormitory):		If you're interested in applying for a room at the dormitory of Host Institution, please fill up the form.
Yes	No	
Duration of stay (months):		
Arrival Date:	Departure Date:	

LANGUAGE COMPETENCE		
Mother tongue		
Other languages (involving the knowledge of the language of Host Institution) :		
.....		
I'm currently studying this language	I have sufficient knowledge to follow lectures	I would have sufficient knowledge to follow lectures if I had some extra preparation

Student's signature:	Coordinator's signature (of the Sending Institution):
.....
Place, date:	Place, date:
.....