ERASMUS+ STUDENT MOBILITY

INCOMING STUDENT APPLICATION



FOR ACADEMIC YEAR 2018 / 2019

☐ winter semester ☐ summer semester

This application should be completed in clear block capital letters and returned before 15th June – for the winter semester or full academic year, before 15th December - for summer semester–

to the address: Faculty of Electronics and Information Technology

	. W a		sity of Tech viejska 15/1 szawa, POL <i>F</i>	9		
	STU	DENT'S P	ERSONA	L DATA		
Family name:			First name (s):			
Date of birth:						
Place of Birth:			Sex: Nationality:			
Current address:			Permanent address (if different):			
Tel.:			E-mail:			
Current address is valid un	til:					
	PREVI	OUS AND	CURREN	IT STUDY	,	
Passport or ID number:	ssport or ID number: Country of issue:					
Field of study:						
Diploma/degree for which you are currently studying: Current semester of study:						
Have you already been stu	dying abroad?	Y	es	No 🗆		
If Yes, when ? at which ins	·					
LANGUAGE COMPETENCE						
Mother tongue:		Language of inst	truction at home	institution (if diffe	erent):	
Other languages	I am currently lang	studying this uage	I have sufficient knowledge to follow lectures I would have sufficient knowledge to follow lectures I had some extra prepara		ollow lectures if	
	yes	no 	yes	no	yes	no

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country						
Briefly state the reasons why you wish to study abroad?									
Name of students									
Name of student:									
Date:	Signature:								
Tutor's recommendation (optional):									
	•								
Tutor's name:									
Date:	Signature:								