

☐ winter semester ☐ summer semester

Faculty of Electronics and Information Technology
Warsaw University of Technology
ul. Nowowiejska 15/19
00-665 Warszawa, POLAND

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 until: _____	_____

Grade Point Average (cumulative): _____ Index number: _____

Field of study: _____

Diploma/degree for which you are currently studying: _____ Current semester of study: _____

Have you already been studying abroad ? _____ Yes ☐ _____ No ☐

If Yes, when ? at which institution ? what programme ?

[illegible]

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 student: _____

Date: _____ Signature: _____

Tutor's recommendation (optional):

Tutor's name: _____

Date: _____ Signature: _____