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ERASMUS+ APPLICATION FORM

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| --- |
| Photo  3,5 x 4,5 cm |

STUDENT’S PERSONAL DATA

|  |  |
| --- | --- |
| First name(s): |  |
| Family name: |  |
| Date of birth: |  |
| Place of birth: |  |
| Mother’s name and surname: |  |
| Father’s name and surname: |  |
| Passport/ID no.: |  |
| Date of expiry: |  |
| Nationality: |  |
| Address: | Street:  House no: Flat no:  Postal code: City:  State/Province: Country: |
| Phone no.: |  |
| E-mail: |  |

SENDING INSTITUTION

|  |  |
| --- | --- |
| Full name of the Institution: |  |
| Department: |  |
| Field of study: |  |
| Level of study: | Bachelor🞏Master 🞏 |
| Year of study:  (in 2023/2024) | Bachelor: 1 🞏 2 🞏 3 🞏  Master: 1 🞏 2 🞏 |
| Have you ever studied abroad? | Yes 🞏 No 🞏 |
| If so, when and where? | Academic Year:  Name of institution:  Country: |
| Erasmus+ Contact person: | Name:  Surname:  E-mail:  Phone: |
| Period of study at the Partner Institution: | Fall🞏 Spring🞏 Full academic year🞏 |
| Mother tongue: | Language(s) of instruction at home institution: |
| Language skills:   1. Polish 2. English 3. ………… | None/A1/A2/B1/B2/C1/C2 |

PARTNER INSTITUTION APPLYING FOR

|  |  |
| --- | --- |
| Name of Host Institution: | Pomeranian University in Słupsk  (Akademia Pomorska w Słupsku) |
| Erasmus code: | PL SLUPSK01 |
| Address: | Biuro ds. Rozwoju i Współpracy  64 Bohaterów Westerplatte Str.  76-200 Słupsk, Poland  Phone: +48 59 84 05 929  E-mail: [programy.eu@apsl.edu.pl](mailto:programy.eu@apsl.edu.pl) |

Applicant: Institutional Erasmus Coordinator:

Signature: Signature:

Date: Date: