



**Wyższa Szkoła Nauk Społecznych
im. Ks. Józefa Majki w Mińsku
Mazowieckim**

PL JOZEFOW02

(Photograph)

STUDENT APPLICATION FORM

ACADEMIC YEAR : 20...../20.....

FIELD OF STUDY :

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION:

Contact person:

Institutional coordinator:

RECEIVING INSTITUTION: Józef Majka University of Social Sciences in Mińsk Mazowiecki
ul. Gen. Sosnkowskiego 43 05-300 Mińsk Mazowiecki Poland
PL JOZEFOW02

Contact person: Iwona Niedziółka wspolpraca.miedzynarodowa@majka.edu.pl
Institutional coordinator: dr hab Magdalena Sitek Tel. /Fax Nr.: + 48 25 758 86 45,
wspolpraca.miedzynarodowa@majka.edu.pl

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name : First name (s) :

Date of birth :

Sex : Nationality :

Place of birth :

Current address : Permanent address (if different) :

.....

.....

.....

Current address is valid until :

Tel. nr (incl. country code nr.) : Tel :

..... e-mail:.....

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

Institution	Country	Period of study		Duration of stay (months)	No. of expected ECTS credits
		From	To		
1.....
2.....
3.....

Name of student:

Sending institution : _____ Country : _____

Briefly state the reasons why you wish to study abroad :.....

LANGUAGE COMPETENCE

Mother tongue :		Language of instruction at home institution (if different):				
Other languages	I am 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	
	YES	NO	YES	NO	YES	NO
.....	↑	↑	↑	↑	↑	↑
.....	↑	↑	↑	↑	↑	↑
.....	↑	↑	↑	↑	↑	↑
.....	↑	↑	↑	↑	↑	↑

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm /organisation	Dates	Country
.....
.....

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying :

Number of higher education study years prior to departure abroad :

Have you already been studying abroad ? Yes ↑ No ↑

If Yes, when ? at which institution ?

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad ? YES ↑ NO ↑

Student's Signature..... Date:.....

RECEIVING INSTITUTION PL JOZEFOW02

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

Departmental coordinator's signature Institutional coordinator's signature

.....

Date : Date :