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

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

<table>
<thead>
<tr>
<th>Institution</th>
<th>Country</th>
<th>Period of study</th>
<th>Duration of stay (months)</th>
<th>No. of expected ECTS credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1...............</td>
<td>.......</td>
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<td>.......</td>
<td>.......</td>
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</tbody>
</table>
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  

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 :