



KUJAWSKO-POMORSKA SZKOŁA WYŻSZA W BYDGOSZCZY

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(Photograph)

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

Name and full address:.....

.....

Department coordinator - name, telephone and fax numbers, e-mail

.....

Institutional coordinator - name, telephone and fax numbers, e-mail

.....

STUDENT'S PERSONAL DATA

(to be completed in capitals by the student applying)

Family name: First name (s):

Date of birth:

Sex:

Nationality:.....

Place of Birth: Permanent address (if different):

Current address:

.....

.....

Current address is valid until: Tel.:

Tel.:

E-mail:

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

Institution	Country	Period of study from to	Duration of stay (months)	N° of expected ECTS credits
.....
.....

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
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ?

.....
(Date and student's signature)

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement of the candidate.

The above-mentioned student is provisionally accepted at our institution
 not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date:

Date :.....