**AKADEMIA NAUK STOSOWANYCH W KONINIE**

 **STUDENT APPLICATION FORM**

 Erasmus Plus Programme

 Key Action 1-Student Mobility For Studies (SMS)

**Academic year ……………………………………**

Winter semester □ Summer semester □

**RECEIVING INSTITUTION**

**Akademia Nauk Stosowanych w Koninie; Erasmus code: PL KONIN02**

Faculty you wish to study………………………………………………………………………………………………………….

Field of study…………………………………………………………………………………………………………………………….

Year of study 1 □ 2□ 3□

**SENDING INSTITUTION**

Name of the university……………………………………………………………………………………………………………..

Erasmus code…………………………………………… Country…………………………………………………………………

Erasmus+ coordinator(s): Name, email, telephone number

………………………………………………………………………………………………………………………………………………….

**STUDENT’S PERSONAL DATA**

First name(s)……………………………………………………………………………………………………………………………..

Family name……………………………………………………………………………………………………………………………..

Date of birth…………………………… Sex……………………. Nationality………………………………………………

Current address…………………………………………………………………………………………………………………………

Telephone………………………………………… Email……………………………………………………………………………

**SPECIAL NEEDS**

Do you have any special needs: sight/ hearing disability, dyslexia, health problems that may require the provision of special facilities in your studying environment?

Yes  No  if YES, please specify………………………………………………………………………………………………….

……………………………………. ……………………………………

Applicant’s signature Date

We accept scanned application forms in PDF format. Please send it to the faculty coordinator