**STATE UNIVERSITY OF APPLIED SCIENCES IN KONIN**

 **STUDENT APPLICATION FORM**

Erasmus Plus Programme

 Key Action 1-Student Mobility For Studies (SMS)

**Academic year 2019/2020**

Winter semester □ Summer semester □

**RECEIVING INSTITUTION**

**Państwowa Wyższa Szkoła Zawodowa w Koninie/State University of Applied Sciences in Konin\_ 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……………………………………………………………………………

**HOUSING**

Do you wish State University of Applied Sciences in Konin to help you with housing arrangements ?

Yes 🞏 No 🞏 if YES, please specify: Double room 🞏 Triple room 🞏

Name(s) of preferred roommate(s)………………………………………………………………………………………….. Please note that each year we have limited number of double rooms available. However, we have a sufficient number of triple rooms. Single rooms are not available.

**SPECIAL NEEDS**

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

Yes 🞏 No 🞏 if YES, please specify………………………………………………………………………………………

……………………………………. ……………………………………

Applicant’s signature Date

We accept scanned application forms in PDF format. Please send it to:

miastkowska@wp.pl

Bożena Miastkowska, MA\_ Coordinator for International Cooperation