

**TECHNICKÁ UNIVERZITA V KOŠICIACH**

**TECHNICAL UNIVERSITY OF KOŠICE**



**STUDENT APPLICATION FORM**

Blended Intensive Program

*INSERT PHOTOGRAPH*

**ACADEMIC YEAR 2024/2025**

**FIELD OF STUDY**:   
Study cycle during the mobility:

Number of higher education study years prior to departure abroad:

*This application should be completed digitally. Use only capital letters.*

**SENDING INSTITUTION**

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| --- |
| Name and full address: .................................................................................................................................  .......................................................................................................................................................................  Faculty: .........................................................................................................................................................  Departmental coordinator (contact person) - name, telephone number, e-mail: ..........................................  .......................................................................................................................................................................  ....................................................................................................................................................................... |

**STUDENT’S PERSONAL DATA**

|  |  |
| --- | --- |
| Family name: .....................................................  Date of birth: .....................................................  Sex: ............. Nationality: ..................................  Place of Birth: ....................................................  Current address: .................................................  .............................................................................  .............................................................................  Current address is valid until: .............................  Tel.: .....................................................................  E-mail: ................................................................. | First name(s): .............................................................  Permanent address (if different): .................................  ......................................................................................  ......................................................................................  ......................................................................................  ......................................................................................  Tel.: .............................................................................. |

**RECEIVING INSTITUTIONS (in order of preference):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | Country | Period of study  From to (mm/yyyy) (mm/yyyy) | | Duration of stay (months) | N° of expected ECTS credits |
| 1. ......................................  2. ......................................  3. ...................................... | ....................  ....................  .................... | .............  .............  ............. | ...........  ...........  ........... | ..................  ..................  .................. | ........................................  ........................................  …..................................... |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue: ................... Language of instruction at home institution (if different): ................................. | | | | | | |
| Other languages | Level of competence | | | | | |
|  | A1 | A2 | B1 | B2 | C1 | C2 |
| ......................................  ......................................  ...................................... |  |  |  |  |  |  |

**PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| Have you already been studying abroad within the Erasmus programme in the study cycle of the mobility? Yes  No  If Yes, define the period of the mobility: from (mm/yyyy): till (mm/yyyy):  Have you already been attending an Erasmus traineeship abroad in the study cycle of the mobility? Yes  No  If Yes, define the period of the mobility: from (mm/yyyy): till (mm/yyyy): |

**ATTACHMENTS**

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| --- |
| Curriculum vitae\*  Transcript of records\*  Cover letter in English language\*  Assumed Study Plan (Recognition of Courses)\*  Language competence certificate  Certificate of scientific or academic achievements  Copy of valid passport (if non-EU citizens)  Other (please specify):  \*compulsory |

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| I hereby certify that I agree with publication of my name, surname and e-mail address for the purposes of the selection procedure.    Name of the student: .................................................... Signature: ............................................................... |

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| --- | --- |
| **APPROVAL BY THE SENDING INSTITUTION** | |
|  | |
| Departmental coordinator’s (contact person) signature | ........................................................................... |
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