

**TECHNICKÁ UNIVERZITA V KOŠICIACH**

**TECHNICAL UNIVERSITY OF KOŠICE**



**STUDENT APPLICATION FORM**

*INSERT PHOTOGRAPH*

**ACADEMIC YEAR 2018/ 2019**

**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.

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| **SENDING INSTITUTION**Name and full address: ........................................................................................................................................................................................................................................................................................................Faculty: of Electrical Engineering and Informatics, Technical University of KošiceDepartmental coordinator (contact person) - name, telephone number, e-mail: ..........................................Ing. Mária Gamcová, PhD., tel.: +421602 2828,4180; e-mail: maria.gamcova@tuke.sk................................................................................................................................................................................................... |

**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** | **Duration of stay (months)** | **N° of expected ECTS credits** |
| **From**(mm/yyyy) | **To**(mm/yyyy) |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |

**LANGUAGE COMPETENCE**

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| 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**

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| 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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| [x]  **Curriculum vitae\***[x]  **Transcript of records\***[x]  **Cover letter in English language\***[ ]  Language competence certificate[ ]  Certificate of scientific or academic achievements[ ]  Copy of valid passport (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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