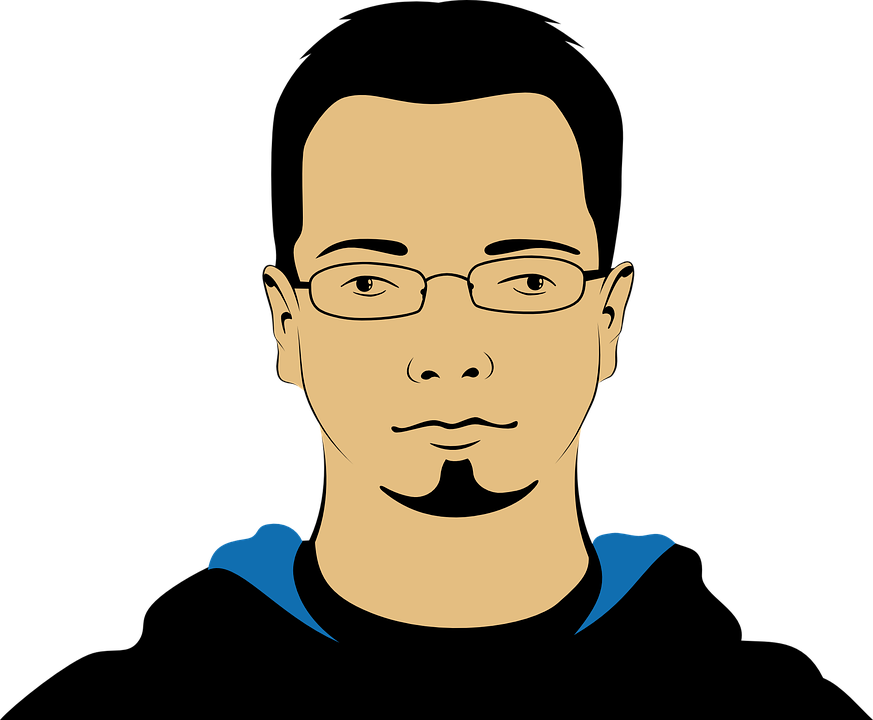


**TECHNICKÁ UNIVERZITA V KOŠICIACH**

**TECHNICAL UNIVERSITY OF KOŠICE**



**STUDENT APPLICATION FORM**



*INSERT PHOTOGRAPH*

**Všetky informácie uvedené červeným písmom**

**je potrebné doplniť v prihláške**

**ACADEMIC YEAR 2018/ 2019**

**FIELD OF STUDY**: Business Informatics (napríklad)

Study cycle during the mobility: first (bachelor), second (master), third (doctoral)

Number of higher education study years prior to departure abroad: 2 (napríklad)

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

|  |
| --- |
| **SENDING INSTITUTION**  Name and full address: .................................................................................................................................  .......................................................................................................................................................................  Faculty: of Electrical Engineering and Informatics, Technical University of Košice  Departmental 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: Mrkvička  Date of birth: 25.05.1999  Sex: M Nationality: Slovak  Place of Birth: Humenné  Current address: Jedlíkova 9  040 11 Košice  The current address is valid until:  Tel.: +421 908 123 456  E-mail: jozo.mrkva2@gmail.com | First name (s): Jozef  Permanent address (if different): Dubová č. 2  066 01 Humenné  ......................................................................................  ......................................................................................  ......................................................................................  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.** | University of Hradec Králové | Czechia | 09/2019 | 02/2020 | 6 | 20 |
| **2.** | University of Bielsko-Biala | Poland | 09/2019 | 02/2020 | 6 | 20 |
| **3.** | Université de Technologie de Belfort-Montbéliard | France | 09/2019 | 02/2020 | 6 | 20 |

**LANGUAGE COMPETENCE**

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

**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): 06/2018 till (mm/yyyy): 08/2018 |

**ATTACHMENTS**

|  |
| --- |
| **Curriculum vitae\***  **Transcript of records\***  **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 |

|  |
| --- |
| 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: ...Jozef Mrkvička................. Signature: ............................................................... |

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