****You CAN Erase this text and attach your photo here, however for your ID we need jpg format, size 50kb (236x295 pixels),
recommended quality: 300 dpi.
The photo should be of your head only,
a passport photograph is ok.

Application form Erasmus Programme
at Karkonosze University of Applied Sciences – formerly translated as Karkonosze College in Jelenia Góra – please save on your computer, fill in, print, sign, and get the signature of your University responsible person.
Then Scan and send it to: foreign@kans.pl

|  |  |
| --- | --- |
| **Academic year****................................** | [ ]  winter semester [ ]  summer semester [ ]  the whole year  |

* **Student’**S **personal data**

|  |  |
| --- | --- |
| **- Family name** |  |
| **- First name**  |  |
| **- Gender** | [ ]  F (female) [ ]  M (male) |
| **- Date of birth** |  |
| **- Place of birth** |  |
| **- Nationality** |  |
| **- Personal E-mail address** |  |
| **- Additional E-mail address to be used in case of need (e.g. Erasmus office address, etc.)** |  |
| **Passport number (if you do not have at the time of filling in the application – write when you intend to get it)** |  |
| **Passport expiry date (if you have one already)** |  |
| **Where the passport was issued (if you have one already)** |  |

* **Other personal information**

|  |  |
| --- | --- |
| **- Current address** **(valid until the date of arrival in Poland)** |  |
| **- Tel number of current address/mobile tel.** |  |
| **- Names of parents** |  |
| **- Contact to parents (relatives, carers) in case of emergency (address, telephone, e-mail)** |  |

* **Student's Home University**

|  |  |
| --- | --- |
| **- Name**  |  |
| * **Country**
 |  |
| **- Faculty/Department** |  |
| **- Course of study** |  |

* **OTHER INFORMATION (special needs, disabilities, etc)**

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

*I consent to the processing of my personal data contained in this form for the needs of the Erasmus+ project, in accordance with the Act of 10 May 2018 on the protection of personal data (OJ, 2018, item 1000) in in connection with the Regulation of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data on the free movement of such data and the repeal of Directive 95/46 / EC (general regulation on data protection)*

*Date and signature of the student:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*ERASMUS COORDINATOR: (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Erasmus coordinator’s e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**LANGUAGE COMPETENCE (except for students of English language)**

We hereby confirm that the above-named student has sufficient command of English or Polish language in order to study successfully (should be minimum B1):

ENGLISH: B1, B2, C1, C2 (circle the appropriate) POLISH B1, B2, C1, C2 (circle the appropriate)

Name of the signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The signatory should either be the ERASMUS / Exchange Coordinator or a Language Teacher at the Home University.*

PLEASE SEND THE SCAN OF THE SIGNED APPLICATION TO: foreign@kans.pl