### KATOLICKI UNIWERSYTET LUBELSKI JANA PAWŁA II

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| **APPLICATION FORM / *ANKIETA OSOBOWA***ERASMUS STUDENT 20\_\_/20\_\_ | PHOTO |
| **Please type this form. Handwritten forms will not be accepted.***Proszę wypełnić w formie elektronicznej. Aplikacje wypelnione odrecznie nie beda przyjmowane.* |
| **PERSONAL DETAILS/ *DANE OSOBOWE*** |
| Family name / *Nazwisko* |  |
| Name(-s) / *Imie(-ona)* |  |
| Date of birth / *Data urodzenia (DD-MM-YYYY)* |  |
| Place of birth / *Miejsce urodzenia* |  |
| Father’s first name / *Imie ojca* |  |
| Mother’s first name / *Imie matki* |  |
| E-mail address / *Adres e-mail* |  |
| Address / *Adres* |  |
| Street / *Ulica* |
| Zip code / *Kod pocztowy* |  |
| Town / *Miasto* |  |
| Country / *Kraj* |  |
| Nationality / *Narodowosc* |  |
| Citizienship / *Obywatelstwo* |  |
| ID or passport number / *Numer dowodu osobistego lub paszportu* |  |
| Denomination / *Wyznanie* | * Roman Catholic
* Other
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| Contact person in case of emergency(name/address/phone) / *Osoba, która nalezy powiadomic w razie wypadku (dane osoby/adres/telefon)* |  |

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| **HOME INSTITUTION / *INSTYTUCJA WYSYŁAJĄCA*** |
| Name / *Nazwa* |  |
| Address / *Adres* |  |
| Faculty / *Wydzial* |  |
| Level of study/*Poziom studiow* | ‪BA *(studia licencjackie)* ‪MA *(studia magisterskie)*‪PhD *(studia doktoranckie)* |
| Field of study/ *Kierunek studiow* |  |
| Coordinator: name, phone, e-mail /*Dane koordynatora Erasmusa na uczelni zagranicznej* |  |
| Stamp and signature of Erasmus Office/ International Relations Office / *Pieczatka i podpis Biura Erasmusa / Biura Wspolpracy z Zagranica* |  |
| ADDITIONAL INFORMATION |
| **KNOWLEDGE OF LANGUAGES** |
| Polish ‪A1 ‪A2 ‪B1 ‪B2 ‪C1 ‪C2 ‪native speaker English ‪A1 ‪A2 ‪B1 ‪B2 ‪C1 ‪C2 ‪native speakerFrench ‪A1 ‪A2 ‪B1 ‪B2 ‪C1 ‪C2 ‪native speakerGerman ‪A1 ‪A2 ‪B1 ‪B2 ‪C1 ‪C2 ‪native speaker Other ………………… ‪A1 ‪A2 ‪B1 ‪B2 ‪C1 ‪C2 ‪native speaker(A1 - beginner A2 - elementary B1 - intermediate B2 - upper-intermediateC1 - advanced C2 – proficiency) |
| **DO YOU WANT TO PARTICIPATE IN POLISH LANGUAGE COURSE FOR ERASMUS STUDENTS (FREE OF CHARGE) ? (60 hours during the semester)** ‪ YES ‪ NO  |
| STUDY PERIOD (please underline your option)‪ 1st semester ‪ 2nd semester ‪academic year  |
| ACCOMMODATION (please underline your option)‪ university dormitory (the number of places is limited) – please contact Erasmus Office as soon as possible‪ private dormitory (the number of places is limited) – please contact Erasmus Office as soon as possible‪ private flat (search by yourself) – Erasmus Office may have some offers of rooms and flats to rent but does not take any responsibility for privately rented flats‪  |
| **CHECKLIST**Please return this application form in 2 copies with the following documents (documents have to be sent only in one copy!)* ‪ a photocopy of your ID or your passport
* ‪ a photocopy of health insurance policy (European Health Card)
* ‪ a photocopy of accident insurance
* provisional Learning Agreement
* ‪ 3 colour passport photograph and a digital one sent by e-mail *(Please note that your photographs must be of good quality (300x300 pixels), full face and a plain white or off-white background, otherwise you will need to have a new one taken after your arrival, which means that you will wait for your student ID longer)*

Address: Erasmus Office, The John Paul II Catholic University of Lublin, Aleje Raclawickie 14, 20-950 Lublin, PolandImportant notice: * The forms must be typed. Handwritten forms will not be accepted! Remember to sign the forms and get them signed by your university!
* **You must send a complete set of application documents to be accepted. Please also be aware of the fact that your level of English must be good (at least B1) - you must be able to understand, speak and write both general and academic English. If your English is of a poor level, you will not succeed in most subjects!**

Deadlines: * Autumn semester or whole academic year – July, 15
* Spring semester – November, 30
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| Date and place  | Student’s signature  |
| **TO BE FILLED IN BY HOST UNIVERSITY*****WYPELNIA UCZELNIA PRZYJMUJACA*** |
| Pan / Pani ....................................................................................................................... zostaje wpisany/-a na rok akademicki : ............................................................................na: Wydzial ....................................................................................................................kierunek ..........................................................................................................................studia stacjonarne I˚ / II˚ / III˚ / jednolite magisterskierok studiow ................. Student ma prawo do uczestniczenia we wszystkich zajęciach uzgodnionych ze swoim Koordynatorem Instytutowym, .............................................................. .Student jest zwolniony ze wszystkich opłat za naukę oraz z opłaty za ubezpieczenie.DataPodpis i pieczęć |