### 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 | |
| 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 speaker  French ‪A1 ‪A2 ‪B1 ‪B2 ‪C1 ‪C2 ‪native speaker  German ‪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-intermediate  C1 - 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, Poland  Important 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 | | |  |
| 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 magisterskie  rok 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.  Data  Podpis i pieczęć | | | |