**ERASMUS STUDENT APPLICATION FORM**

**ACADEMIC YEAR**

**2019-2020**

**Second Semester**

**PLEASE USE A COMPUTER TO FILL IN THIS FORM**

|  |  |
| --- | --- |
|  Passport or ID Card Number (Compulsory) |  |
| Given Name:  |  |
| Family Name:  |  |
| Sex: | Male [ ]  Female [ ]  |
| Date of Birth:(e.g. dd-mm-yyyy) |  |
| E-mail: |  |
| Telephone Number: (+216…) |  |
| Address:Postcode:City:Country |  |
| Level of English | A1[ ]  A2 [ ]  B1[ ]  B2 [ ]  C1 [ ]  C2 [ ]  \* |
| Date of the eventual last mission E+ (KA1 ou KA2) |  |

**Academic Informations:**

|  |  |
| --- | --- |
| Faculty |  |
| Department |  |
| Level: | Master [ ]  Doctorate: [ ]  Academic Staff: [ ]   |
| Check list  |

|  |  |
| --- | --- |
| Application form | [ ]  |
| Baccalorate records | [ ]  |
| Transcript of records in HE | [ ]  |
| CV europassDiplomas | [ ] [ ]  |
| Description of the Thesis project | [ ]  |
| Work Plan | [ ]  |
| Motivation letter | [ ]  |
| Letter of support | [ ]  |
| English level certificateSworn statementInvitation letter | [ ] [ ] [ ]  |
| Other | [ ]   |

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|  |  |
| --- | --- |
| Host University: | Presov University |
| Faculty/ Department |  |
| Level: | Master [ ]  Doctorate: [ ]  Academic Staff : [ ]   |

|  |
| --- |
| Student’s Signature:PHD Responsible’s Signature:Faculty coordinator signature (Prof. Leila Ben Abdelghani):**Stamp** of the Higher Institution:**This application must be completely filled out and signed** |