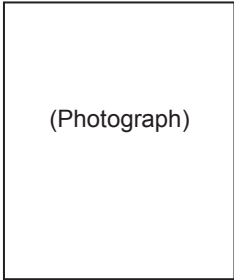




LLP _ ERASMUS
Student Application Form
for outgoing students

ACADEMIC YEAR 20...../20.....



(Photograph)

SENDING INSTITUTION:

Christian Academy of Theology
Miodowa 21 c 00-246 Warsaw Poland

Erasmus Code: PL WARSZAW 08

INSTITUTIONAL COORDINATOR:

dr Joanna Koleff-Pracka
Department of Education
Miodowa 21 c 00-246 Warsaw Poland
r.nowakowska@chat.edu.pl

Tel. +48 22 8311548
Fax +48 22 6359544

STUDENT'S PERSONAL DATA:

Family name: First name (s).....
Date of birth: Place of birth:
Sex: Nationality:
Addresses:
Current: Permanent (if different):
.....
.....

Briefly state the reason why you wish to study abroad

.....
.....
.....



DG Edukacja i Kultura
 Program „Uczenie się przez całe życie”
 Erasmus



LANGUAGE COMPETENCE

Mother tongue.....	Language of instruction at home institution (if different)					
Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	YES	NO	YES	NO	YES	NO
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country
.....
.....
.....

PREVIOUS AND CURRENT STUDY

Degree for which you are currently studying:

Number of higher education study years prior to departure abroad:

Have you already been studying abroad? Yes No

If Yes, when? At which Institution?

The attached Transcript of records includes full details of previous and current higher

Do you wish to apply for a mobility grant to assist towards the additional costs of your study abroad ?

Yes No

.....
Date

.....
Student's signature

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above mentioned student is provisionally accepted at our Institution
 not accepted at our Institution

Stamp of Institution

Coordinator's signature

.....

.....
Date.....