

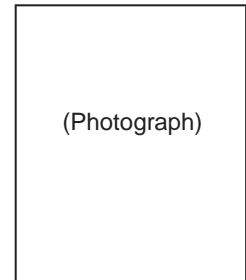


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ERASMUS PLUS Student Application Form for outgoing students

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



SENDING INSTITUTION:

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

Erasmus Code: PL WARSZAW
08

INSTITUTIONAL COORDINATOR:

dr Jerzy Sojka
Department of Theology
Miodowa 21 c 00-246 Warsaw Poland
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Tel. +48 22 8311548
Mobile: +48 502 074 972
Fax +48 22 6359544

STUDENT'S PERSONAL DATA:

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

Briefly state the reason why you wish to study abroad
.....
.....
.....



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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/organization	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?

Do you wish to apply for a mobility grant to assist towards the additional costs of your study abroad ?
Yes No

.....
Date

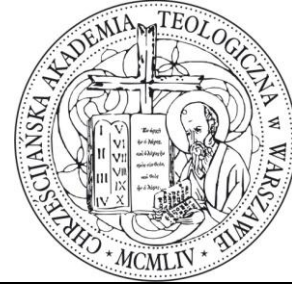
.....
Student's signature

HOME UNIVERSITY

..... Date Coordinator's signature and stamp:
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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.....