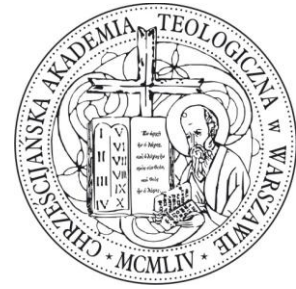




# Erasmus+



## ERASMUS PLUS Student Application Form for outgoing students

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

(Photograph)

**SENDING INSTITUTION:**

Christian Academy of Theology  
Broniewskiego 48 01-771 Warsaw Poland

Erasmus Code: PL WARSZAW  
08

**INSTITUTIONAL COORDINATOR:**

Dr hab. Jerzy Sojka, Prof. ChAT  
Broniewskiego 48 01-771 Warsaw Poland  
erasmus@chat.edu.pl  
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

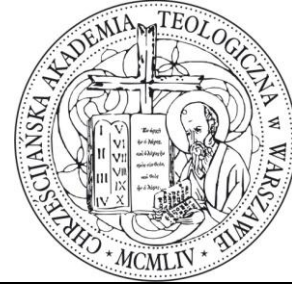
.....  
Student's signature

## 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.....