

AKADEMIA NAUK STOSOWANYCH W KONINIE
STUDENT APPLICATION FORM
Erasmus Plus Programme
Key Action 1-Student Mobility For Studies (SMS)

Academic year

Winter semester ☐

Summer semester ☐

RECEIVING INSTITUTION

Akademia Nauk Stosowanych w Koninie; Erasmus code: PL KONIN02

Faculty you wish to study.....

Field of study.....

Year of study 1 ☐ 2 ☐ 3 ☐

SENDING INSTITUTION

Name of the university.....

Erasmus code..... Country.....

Erasmus+ coordinator(s): Name, email, telephone number

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STUDENT'S PERSONAL DATA

First name(s).....

Family name.....

Date of birth..... Sex..... Nationality.....

Current address.....

Telephone..... Email.....

SPECIAL NEEDS

Do you have any special needs: sight/ hearing disability, dyslexia, health problems that may require the provision of special facilities in your studying environment?

Yes ☐ No ☐ if YES, please specify.....

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Applicant's signature

.....

Date

We accept scanned application forms in PDF format. Please send it to the faculty coordinator