***APPLICATION FOR STUDIES / PRACTICE ABROAD***

**ERASMUS + PROGRAM**

**2024/2025 m.m.**

**Please fill in with MS Word program**

|  |
| --- |
| **STUDENT INFORMATION** |
| **Surname** |  |
| **Name** |  |
| **Personal code** |  |
| **Current address:** |  |
| **Postal code** |  |
| **City** |  |
| **Phone number** |  |
| **Email** |  |
| **INFORMATION ABOUT CURRENT STUDIES** |
| **Faculty** |  |
| **Studies program** |  |
| **Year of course** |  | **Group** |  |
| **Foreign Language:** |
| **1 language** |  |
| **2 language** |  |
| **I belong to the group of students with fewer opportunities to participate at Erasmus+ program** [ ]  **Yes**  [ ]  **No****If you indicated YES, please write which group it is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****send the supporting document(s).** |
| **MOST DESIRABLE ERASMUS ACTIVITIES** |
| [ ]  **Studies** | [ ]  **Practice** | [ ]  **Studies and practice** |  |
| **PREVIOUS VISITS ABROAD** |
| **The purpose of the visit:** |  |  |  |
| [ ]  **Studies** | [ ]  **Practice**  | [ ]  **Work** | [ ]  **Other (please specify)** |
|  |

**Date**