***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**