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|  | **UNIVERSITY OF LIFE SCIENCES IN LUBLIN*****UNIWERSYTET PRZYRODNICZY W LUBLINIE*****APPLICATION FORM****Incoming Erasmus Students****ACACEMIC YEAR 2019 - 2020** | C:\Users\up\Downloads\logo_ang_400.jpg |

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| **Deadlines:****Winter** semester and **Full academic year**:**Summer** semester: | Application deadline: **1st June !**Application deadline: **1st November !** |

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| Please **TYPE** in order to be easily copied or faxed. Handwritten forms will not be accepted. *Proszę wypełnić w formie elektronicznej. Formularze wypełnione odręcznie nie będą przyjmowane.* |  **PHOTOGRAPH***(paste a passport photo here, please)* |
|  |
| **PERSONAL DETAILS/ *Dane osobowe*** |
| Family name / *Nazwisko* |  |
| Name(s) / *Imię/Imiona* |  |
| Date of birth / *Data urodzenia**(DD-MM-YYYY)*  |  |
| Place of birth / *Miejsce urodzenia* |  |

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| Sex / *Płeć* | [ ]  Male *(mężczyzna)* [ ]  Female *(kobieta)* |
| Marital status / *Stan cywilny* | [ ]  single [ ]  married |
| Father’s full name /*Imię i nazwisko ojca* |       |
| Mother’s name /*Imię matki* |       |
| Mother’s maiden name / *Nazwisko panieńskie matki* |       |
| E-mail address / *Adres e-mail* |  |
| Permanent address / *Adres zameldowania*  |
| Street/ *Ulica* |       |
| Zip code / *Kod pocztowy* |        |
| Town / *Miasto ,* Country / *Kraj* |       |
| Telephone No. *(+ area code)* |       |
| Current address (if different as above) /*Adres do korespondencji (jeżeli inny niż powyżej)* |
| Valid until / *ważny do* *(DD-MM-YYYY)* |      /     /. |
| Street/ *Ulica* |       |
| Zip code / *Kod pocztowy* |        |
| Town / *Miasto*  |       |
| Country / *Country* |       |
| Nationality / *Narodowość* |       |
| Citizenship / *Obywatelstwo*  |       |
| ID or Passport number / *Numer dowodu osobistego lub paszportu* |       |
| Contact person in case of emergency (name, address, phone)/ *Osoba, którą należy powiadomić w razie nagłego wypadku (dane//adres/telefon)* |                      |

**HOME INSTITUTION / *Uczelnia wysyłająca***

|  |  |
| --- | --- |
| Full Name / *Nazwa* |       |
| Erasmus ID code / *Kod uczelni* |       |
| Full Post Address / *Adres* |       |
| Erasmus Coordinator / *Koordynator Erasmusa* |
| Name / *Imię i Nazwisko* |       |
| FULL Post Address / *Adres* |            |
| E-mail address / *Adres e-mail* |  |
| Phone number (incl. country and area code) / *Tetelefon* (z nr kierunkowym) |       |
| Fax number (incl. country and area code) / *Fax* (z nr kierunkowym) |       |
| Date / *Data* |  |
| Signature and stamp of above / Podpis i pieczątka  |  |

**PREVIOUS AND CURRENT STUDY at home University*I Informacje o studiach***

|  |  |
| --- | --- |
| Faculty / *Wydział* |       |
| Field of study / *Kierunek* |       |
| Level of study (current) / *Poziom studiów (obecny)* | [ ]  BA (licencjackie, inżynierskie)[ ]  MA (magisterskie)**[ ]** one-cycle Master’s degree programme (jednolite magisterskie) [ ]  PhD |
| Year of study student is on NOW *Rok studiów* | Number of higher education study years finished **prior to departure abroad** / *liczba ukończonych lat studiów do czasu wyjazdu za granicę* |

**LANGUAGE COMPETENCE / *Znajomość języków obcych***

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| --- | --- |
| Mother tongue / *Język ojczysty* | ……… |
| Language of instruction at home institution (if different) / *Język wykładowy w uczelni macierzystej (jeżeli inny)* ……… - IMPORTANT - MINIMUM B2 |
| Language / *Język obcy***ENGLISH** ………….. ………….. | Level / *Poziom*[ ]  *A1* [ ]  *A2* [ ]  *B1* [ ]  **B2**  [ ]  **C1** [ ]  **C2** [ ]  **native**[ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 [ ]  C2 [ ]  native[ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 [ ]  C2 [ ]  native (A1-beginner, A2-elementary, B1-intermediate, B2-upper-intermediate, C1-advanced, C2-proficiency) |

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| **Briefly state the reason why you wish to study at the University of Life Sciences in Lublin***Napisz zwięźle dlaczego chcesz studiować w UP w Lublinie.* |
|                                |

**STUDY PERIOD / *Okres studiów***

|  |  |
| --- | --- |
| Planned study period / *planowany okres studiów* | [ ]  1st semester (winter)[ ]  2nd semester (summer)[ ]  whole academic year |

**CHECKLIST ! IMPORTANT !**

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| Please return 2 original copies of this **Application Form** with the following documents: | Bring these documents for registration at host university: |
| **Forms NECESSARY for acceptance:**[ ]  Learning Agreement (2 copies)[ ]  Transcript of Records[ ]  Certificate proving sufficient knowledge of  English[ ]  a photocopy of your ID or your passport  (in case of non UE citizens)[ ]  Accommodation Application Form  (if you wish to be accommodated at university  students’ dormitories) | **Additional documents for nominated students:**[ ]  A photocopy of European Health Insurance Card (EHIC) or another document proving the insurance[ ]  a photocopy of accident insurance[ ]  Statement of the Erasmus status[ ]  Confirmation that you have received a grant[ ]  3 passport photographs[ ]  Visa (in necessary) |
| **Notice:**  All forms **must be TYPED**. Handwritten forms will not be accepted.Remember to sign the forms and get them signed by your university on the second page. |

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| **Please send the documents back to:****University of Life Sciences in Lublin, International Exchange Office,****Akademicka 15, 20-950 Lublin, Poland; Tel.: +48 (0) 81 445 65 38** **e-mail: erasmus@up.lublin.pl** |

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| I hereby declare that the above mentioned data is correct. |
| Date and Place      | Student’s signature |

**TO BE FILLED IN BY HOST UNIVERSITY / wypełnia uczelnia przyjmująca**

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| **ACCEPTANCE at the University of Life Sciences in Lublin** *(Erasmus code: PL\_LUBLIN04)*The above mentioned student is: 🞏 **accepted** at our institution 🞏 **not accepted** at our institution |
| You will be registered at / *zarejestrowany(a) na*:Faculty / w*ydział :* ………………………………………………………………………………………….Field / *kierunek*: …………………………………………………………………………………………..Level / *poziom:* [ ]  BA [ ]  MA [ ]  one-cycle Master’s degree programme **[ ]** PhDFor the period / na okres from/od ……………………..………… to/do ………………..……………….. |
|  | Departmental coordinator  | Institutional coordinator |
| Name | *According to the faculty* | ***Izabela Wolska, MA*** |
| Signature |  |  |
| Date |  |  |