

**WSB UNIVERSITY IN WROCŁAW**

**INCOMING ERASMUS+ STUDENT APPLICATION FORM**

 **ACADEMIC YEAR 20…/20…**

**FIELD OF STUDY: .................................................................**

(Photograph)

**LEVEL OF STUDY: BA/MA**

**MOBILITY PERIOD:**

**WINTER SEMESTER** □ **SUMMER SEMESTER** □

**FULL YEAR** □

Please fill in the form by computer

**SENDING INSTITUTION**

**Full Name and address:**

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…………………………………………………………………………………………………………………………………………………………

**Erasmus+ code:** …………………………………………………………………………………………………………………………



**Departmental Coordinator (name, telephone number, e-mail):**

……………………………………………………………………………………………………………………………………………………………………………………………………



**Institutional Coordinator (name, telephone number, e-mail):**

…………………………………………………………………………………………………………………………………………………………………………………………………..

**STUDENT’S PERSONAL DATA**

**Surname:** ………………………………………………………………………………………………………………………………………..

**First name:** ……………………………………………………………………………………………………………………………………..

**Place of birth:** ………………………………………………………  **Date of birth:** …………………………………………………

**Nationality: ……………………………..............................................................................................**

**Home address:** ………………………………………………………………………………………………………………………………..

**Email:** …………………………………………………………………. **Telephone No.:** ……………………………………………….

**Passport No.:** ……………………………………………………… **Nationality:** …………………………………………………….

**Sex:** □**FEMALE**□**MALE**

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| --- |
| **Briefly state the reasons why you wish to study at WSB University in Wrocław?** |

**LANGUAGE COMPETENCE**

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| --- |
| 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 |
| □□□ | □□□ | □□□ | □□□ | □□□ | □□□ |

**PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| Diploma/Degree you are currently studying for:..............................................................................Number of completed years of study: ..........................................................Have you already studied abroad? Yes □ No □If Yes, when? At which institution? ......................................................................................................... |

|  |
| --- |
| Do you have any special needs: sight/hearing disability, dyslexia, health problems that may require special facilities in your living or studying environment?Yes □ No □If yes, ............................................................................................................................................................................................................................................................................................................... |

|  |
| --- |
| I herewith confirm that the information given is correct and complete.Student’s signature: ................................................................................... Date: .................................... |

Please send to:

WSB University in Wrocław, Centre for International Cooperation, ul. Fabryczna 29-31, 53-609 Wrocław,

tel. +48 71 356 1616, e-mail: international@wsb.wroclaw.pl