|  |  |  |
| --- | --- | --- |
|  | **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 |

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

FFFF

|  |  |  |
| --- | --- | --- |
| 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* |  |

|  |  |
| --- | --- |
| 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***

|  |  |
| --- | --- |
| 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) |

|  |
| --- |
| **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 !**

|  |  |
| --- | --- |
| 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. | |

|  |
| --- |
| **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** |

|  |  |
| --- | --- |
| 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**

|  |  |  |
| --- | --- | --- |
| **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 PhD  For the period / na okres from/od ……………………..………… to/do ………………..……………….. | | |
|  | Departmental coordinator | Institutional coordinator |
| Name | *According to the faculty* | ***Izabela Wolska, MA*** |
| Signature |  |  |
| Date |  |  |