

**APPLICATION FORM FOR BLENDED INTENSIVE PROGRAM**

1. **Student’s data:**

|  |  |
| --- | --- |
| Name and surname |  |
| e-mail and phone no.: |  |
| Faculty: |  | Field of study: |  |
| Study degree |  | Student’s ID no. |  |

1. **Activity for the European University EUNICE**

NO [ ]

YES [ ]

Short description: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Approval of the Erasmus+ Faculty Coordinator / Doctoral School**

I agree to the departure of the student for short-term mobility within the Erasmus+ programme.

………………………… …………………………

*(place and date) (signature of the consenting person)*

………………………… …………………………

*(place and date) (student’s signature)*