

**APPLICATION FORM FOR SHORT-TERM MOBILITY UNDER ERASMUS+ PROGRAMME**

1. **Basic information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Surname |   | Students ID number |  |
| e-mail & phone no. |  |
| Faculty |  | Field of studies |  |
| Study cycle |  | Year of studies |  |

1. **Previous LLP Erasmus and/or Erasmus+ mobilities**

|  |  |  |
| --- | --- | --- |
| **Type of mobility (studies/ traineeship)** | **Study level** | **Academic year** |
|  |  |  |
|  |  |  |

1. **Information on the planned mobility:**

|  |  |
| --- | --- |
| Partner institution where the mobility will be held: |  |
| Country: |  |
| Date of onsite stay: |  |
| Dates of virtual part |  |
| Course name: |  |
| PUT’s subject that is recognized as equivalent to a short-term mobility subject (if any) |  |
| Are you a member of EUNICE Students Organisation? | YES [ ]  | NO [ ]  |
| How many ECTS points can you obtain? |  |
| Is this mobility a Blended Intensive Porgramme? | YES [ ]  | NO [ ]  |
| Is the short-term mobility connected with a virtual component? | YES [ ]  | NO [ ]  |
| Declared means of transport: | Airplane [ ]  | Car (at least 2 students in a car) [ ]  | Other [ ]  ………………… |

**Załączniki:**

1) Certificate of participant of Doctoral School status and average grades for the last semester

2) GDPR statement signed by the candidate

**Approval of the Erasmus+ Coordinator**

I give my consent for the student to travel for short-term mobility under the Erasmus + programme.

………………………… ………………………………………………

*(date, place) (signature of the Faculty Erasmus + Coordinator)*

………………………… …………………………

*(data i miejsce) (podpis studenta)*

**UWAGA: Formularze bez kompletu załączników nie będą przyjmowane i rozpatrywane!**