



ŽILINSKÁ UNIVERZITA
UNIVERSITY OF ŽILINA



Education and Culture DG

Lifelong Learning Programme

APPLICATION FORM

(Photograph)

ACADEMIC YEAR: /

FIELD OF STUDY:

SENDING INSTITUTION

Name and full address:

Department coordinator - name, telephone and telefax numbers, e-mail box

Institutional coordinator - name, telephone and telefax numbers, e-mail box

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: First name (s):

Date of birth:

Sex: Nationality:

Place of Birth:

Current address: Permanent address (if different):

Current address is valid until:

Tel.: Tel.:

E-mail:

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

| | Institution | Country | Period of study | | Duration of stay (months) | N° of expected ECTS credits |
|----|-------------|---------|-----------------|-------|---------------------------|-----------------------------|
| | | | from | to | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

Name of student:

Sending institution:

..... Country:

Briefly state the reasons why you wish to study abroad ?

LANGUAGE COMPETENCE

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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

| Type of work experience | Firm/organisation | Dates | Country |
|-------------------------|-------------------|-------|---------|
| | | | |
| | | | |

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:
 Number of higher education study years prior to departure abroad:
 Have you already been studying abroad ? Yes No
 If Yes, when ? at which institution ?

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will provided be at a later stage.