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|  | **Erasmus Programme**  Student mobility for TRAINEESHIP |

# STUDENT APPLICATION FORM

**ACADEMIC YEAR 2018/2019**

(Photograph)

**FIELD OF STUDY**:       **CODE ISCED 2013**:

**SENDING INSTITUTION**

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| --- |
| Name and full address: **University of South Bohemia in České Budějovice**  **Branišovská 31a, 370 05 České Budějovice, Czech Republic**  Erasmus ID code: **CZ CESKE01** |
| Faculty coordinator – name, telephone and telefax number, e-mail  **Jana Ředinová; tel.: +420 389 037 517; zahr@zsf.jcu.cz** |
| Erasmus coordinator - name, telephone and telefax number, e-mail  **Jana Dvořáková; tel.: +420 389 032 030; jdvorakova04@jcu.cz** |

**STUDENT’S PERSONAL DATA** *(to be completed by the student applying)*

|  |  |
| --- | --- |
| Family name: | First name (s): |
| Date of Birth: | Place of Birth: |
| Sex: | Nationality: |
| Current address: | Permanent address (if different): |
|  |  |
|  |  |
| Tel.: | E-mail: |

**PREVIOUS AND CURRENT STUDY**

|  |
| --- |
| Diploma/degree for which you are currently studying (Bc. Mgr. PhD.): |
| Number of higher education study years prior to departure abroad: |
| Have you already been on a study/traineeship mobility with Erasmus programme?  Yes 🞏 No 🞏 |
| If Yes, when? (year) ………..…….…. (months) ………..……..…….. (days)……….…...…………  where? (institution) ………………………………… (country)…………….………………… |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | Country | Period of study | | Duration of stay (month) | No. of expected ECTS credits |
| from | to |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Name of student: |  |

|  |
| --- |
| Briefly state the reasons why you wish to work abroad? |

**LANGUAGE COMPETENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mother tongue: |  | | | |
| Other languages: | Level | | | |
|  | □ excellent | □ good | □ satisfactory | □ poor |
|  | □ excellent | □ good | □ satisfactory | □ poor |
|  | □ excellent | □ good | □ satisfactory | □ poor |

(Common European Framework of Reference for Languageslevel:excellent C1; good B2; satisfactory B1; poor A2)

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of work experience | Firm/organization | Dates | | Country |
| from | to |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

**RECEIVING INSTITUTION**

|  |  |
| --- | --- |
| We hereby acknowledge receipt of the application, the proposed training agreement and the candidate’s Transcript of records. | |
| The above-mentioned student is | 🞏 provisionally accepted at our institution  🞏 not accepted at our institution |
| Stamp and signature of the university responsible person:  Date: | |