

**STUDENT E-APPLICATION FORM
KA131 SMP (traineeship mobility)**

(Photograph)

ACADEMIC YEAR: **Graduate:** Yes No **FIELD OF STUDY:****Year of study:** **semester:**

This application should be completed in BLACK in order to easily copied, faxed or emailed

SENDING INSTITUTIONERASMUS CODE: Name and full address: _____

Country: _____

Departmental coordinator – name, telephone and fax numbers, email box:

_____Institutional coordinator – name, telephone and fax numbers, email box:

_____**STUDENT'S PERSONAL DATA**

(to be completed by the students 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./Fax: _____ Tel./Fax: _____

E-mail: _____ E-mail: _____

Passport N^o National ID card N^o
(non-EU or EU citizens): _____ (EU citizens only): _____

LANGUAGE COMPETENCE

Mother tongue: _____

Language of institution at home institution (if different): _____

Other languages	I am current studying language		I have sufficient knowlegde to follows lectures	
	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"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organization	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? _____

PROPOSED MOBILITY PROGRAMME

Planned mobility period: from _____ till _____

Number of working hours per week: _____

Traineeship proposed title, description and activities, knowledge, skills and competences to be acquired by the trainee at the end of the traineeship:



Erasmus+



Student's name and surname: _____ Date: _____

SENDING INSTITUTION

Coordinator's name and surname: _____ Date: _____

RECEIVING INSTITUTION

WYŻSZA SZKOŁA ZARZĄDZANIA W CZĘSTOCHOWIE
(Czestochowa University of Management), POLAND

ERASMUS CODE: PL CZESTOC04

Before filling in the Learning Agreement for Traineeships, please, send the electronic application form in PDF to our Erasmus+ coordinator email: monika@wsz.edu.pl, to get a confirmation of possibility to participate in the mobility in the receiving institution.