# STUDENT APPLICATION FORM

(Photograph)

**ACADEMIC YEAR 2017/18 FIELD OF STUDY**: .........................................

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| **SENDING INSTITUTION**  Name, Erasmus code, Address:  Czech Technical University in Prague, Zikova 4, CZ-166 36 Prague 6  ID Code: CZ PRAHA10  Faculty of Biomedical Engineering…..  Faculty coordinator - Lucie Kulhánková , phone: +420 224 358 493, email: kulhankova@fbmi.cvut.cz  ............................................................................................................................................................................  Institutional coordinator - name, telephone/fax, e-mail  Dana Mrkvičková, T: +420 2 2435 3436, F: +420 2 2431 1042, dana.mrkvickova@cvut.cz |

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

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

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| **RECEVING INSTITUTION**  Name, Erasmus code, Address:  Department coordinator - name, telephone/fax, e-mail  Kulhánková Luci, + 420 224 358 493, email: kulhankova@fbmi.cvut.cz  Institutional coordinator - name, telephone/fax, e-mail  RNDr. Dana Mrkvičková, +420-22435-3436, dana.mrkvickova@cvut.cz |

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| Briefly state the reasons why you wish to study abroad ?  ...........................................................................................................................................................................  ............................................................................................................................................................................ |

**PREVIOUS AND CURRENT STUDY**

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| Level of study during Erasmus stay: ....................................................................................  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.** |

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| **RECEIVING INSTITUTION** | |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. | |
| The above-mentioned student is 🞏  🞏  Departmental coordinator’s signature  ..............................................................................  Date: .................................................................... | provisionally accepted at our institution  not accepted at our institution  Institutional coordinator’s signature  ..........................................................................................  Date :................................................................................ |
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