# 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 6ID Code: CZ PRAHA10Faculty 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.czInstitutional 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 institutionnot accepted at our institutionInstitutional coordinator’s signature..........................................................................................Date :................................................................................ |
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