



**Photo**

**LLP ERASMUS**

**STUDENT'S APPLICATION FORM**

**Academic year 20../20... .. Semester**

**Subject of study:**

*Please use computer to fill in this application.*

**I. PERSONAL DATA**

<b>Name:</b>	
<b>Surname:</b>	
<b>Date and place of birth:</b>	
<b>Address:</b>	
<b>Nationality:</b>	
<b>Sex:</b>	
<b>e-mail:</b>	
<b>Phone / Mobile phone:</b>	
<b>Address for emergency cases:</b>	

**II. SENDING INSTITUTION**

<b>Name of the Institution:</b>	
<b>Country:</b>	
<b>Erasmus Code:</b>	
<b>Name of the Coordinator:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>e-mail:</b>	



**Briefly state the reasons why you wish to study at LAIS ?**

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.....  
.....  
.....

**III. LANGUAGE COMPETENCE**

ENGLISH	beginner	intermediate	advanced
writing			
speaking			
reading			
GERMAN			
SPANISH			
ITALIAN			
OTHERS			
.....	.....	.....	.....

**IV. PREVIOUS AND CURRENT STUDIES**

Diploma/degree which you are currently studying for: .....

Number of higher education study years prior to departure abroad: .....

Have you already been studying abroad ?      Yes       No

If Yes:                      Date.....                      Country .....

Name of the Institution: .....

**V. RECEIVING INSTITUTION Lodz Academy of International Studies POLAND**

We hereby acknowledge receipt of the application.

The above-mentioned student is

- provisionally accepted at our institution
- not accepted at our institution

Institutional coordinator's signature:

Stamp of the Institution:

Date :