STUDENT APPLICATION FORM TEMPLATE
(highlighted parts are mandatory)

CHARLES UNIVERSITY

Student application form
(Student mobility)

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

Please send either to the relevant Faculty Coordinator, see http://www.cuni.cz/erasmus
Contacts or to the European Office, Charles University, Ovocný trh 3, 116 36 Praha 1, Czech Republic

Application nr.: This will be generated automatically
Academic year: This will be generated automatically
Field of study: This will be generated automatically

(Signature) (Photograph)

Sending institution:

Name: Your university name (and code)
Address: Address of your university international office
Department or Faculty coordinator: Please fill in your coordinator information here

Name: Fax:
Phone: Email:

Student's personal data: Please fill in all your personal information here

First name(s):
Family name(s):
Sex:
Date of Birth:
Place of Birth:
Citizenship:
Permanent address:
Country:
Email:
Phone:

Receiving institution:

Name: Here fill in Charles University (CZ_PRAHA07)

<table>
<thead>
<tr>
<th>From (dd/mm/yyyy)</th>
<th>To (dd/mm/yyyy)</th>
<th>Duration of stay</th>
<th>Number of expected ECTS credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of the start of the semester</td>
<td>Date of the end of the semester</td>
<td>X months</td>
<td>X</td>
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</tbody>
</table>
STUDENT APPLICATION FORM TEMPLATE
(highlighted parts are mandatory)

Name of student: Name Surname
Sending institution: University name (and code)

Reasons why you wish to study abroad:
Here write a paragraph with your motivation and reasons to study abroad

Language competence:

<table>
<thead>
<tr>
<th>Communication language(s)</th>
<th>Competence</th>
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<tbody>
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<td>Write down all the languages you speak and their levels.</td>
<td></td>
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</table>

Work experience related to current study (if relevant):

<table>
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<th>Type of work experience</th>
<th>Firm / Organisation</th>
<th>Dates</th>
<th>Country</th>
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</thead>
</table>

Previous and current study: Please fill in this part

Diploma/degree for which you are currently studying:
Number of higher education study years prior to departure abroad:
Have you already studied abroad?
At which institution?

Receiving institution:
Name: Here fill in Charles University (CZ_PRAHA07)

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.
The above-mentioned student is hereby provisionally accepted at our institution.

Departmental coordinator's signature
Institutional coordinator's signature

Date: Date:
STUDENT APPLICATION FORM TEMPLATE
(highlighted parts are mandatory)

Learning agreement

Erasmus+ programme

Name of student: [Name Surname]

Sending institution: [Your university name (and code)]

Receiving institution: [Here fill in Charles University (CZ_PRAHA07)]

Receiving faculty: [Here fill in Faculty of Social Sciences (Mgr. Petra Devine)]

Details of the proposed study programme abroad / learning agreement

You can find the course code in the SIS HERE.

<table>
<thead>
<tr>
<th>Course unit code (if any) and page no. of the information package</th>
<th>Course unit title (as indicated in the information package)</th>
<th>Number of ECTS credits</th>
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<tbody>
<tr>
<td>Course code in the SIS</td>
<td>Course name in the SIS</td>
<td>X</td>
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Student's signature: [You must not forget to sign the application here!] Date: [dd/mm/yyyy]

Sending institution: [This part needs to be signed by your international office]

We confirm that this proposed programme of study / learning agreement is approved.

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<tr>
<th>Departmental coordinator's signature</th>
<th>Institutional coordinator's signature</th>
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<td>Date:</td>
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Receiving institution:

We confirm that this proposed programme of study / learning agreement is approved.

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Do not fill in this part
THIS IS TO BE FILLED ONLY IF COURSE CHANGES COME UP DURING THE SEMESTER

Changes to original proposed learning agreement
(to be filled in ONLY if appropriate)

Erasmus+ programme

Name of student:
Sending institution:
Receiving institution:
Receiving faculty:

Details of the proposed study programme abroad / learning agreement

<table>
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<th>Course unit code (if any) and page no. of the information package</th>
<th>Course unit title (as indicated in the information package)</th>
<th>Deleted course unit</th>
<th>Added course unit</th>
<th>Number of ECTS credits</th>
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Student's signature: Date:

Sending institution:
We confirm that this proposed programme of study / learning agreement is approved.

Departmental coordinator's signature | Institutional coordinator's signature

Date: Date:

Receiving institution:
We confirm that this proposed programme of study / learning agreement is approved.

Departmental coordinator's signature | Institutional coordinator's signature

Date: Date: