

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

(Photograph)

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

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):

Permanent address:

Family name(s):

Sex:

Country:

Date of Birth:

Email:

Place of Birth:

Phone:

Citizenship:

Receiving institution:

Name: *Here fill in* **Charles University (CZ_PRAHA07)**

From (dd/mm/yyyy)	To (dd/mm/yyyy)	Duration of stay	Number of expected ECTS credits
<i>Date of the start of the semester</i>	<i>Date of the end of the semester</i>	<i>X months</i>	<i>X</i>

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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:

Communication language(s)	Competence
<i>Write down all the languages you speak and their levels.</i>	

Work experience related to current study (if relevant):

Type of work experience	Firm / Organisation	Dates	Country

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 provisionally accepted at our institution.

Do not fill in this part

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date:

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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](#).

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Number of ECTS credits
<i>Course code in the SIS</i>	<i>Course name in the SIS.</i>	X

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.

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

Do not fill in this part

Institutional coordinator's signature

Date:

Date:

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**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

Course unit code (if any) and page no. of the information package	Course unit title (as indicated in the information package)	Deleted course unit	Added course unit	Number of ECTS credits
		<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"/>	
		<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"/>	

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: