



Erasmus+ Program

APPLICATION FORM / INCOMING EXCHANGE STUDENTS (SMS)

Academic Year: ☐ 2016/2017 ☐ 2017/2018 ☐ 2018/2019

Name and Erasmus
code of the home institution:

Name and Erasmus
code of the host institution:

Department / Faculty:

Name and position of the
person at the host institution:

Email:

Subject area:

Code:

Level: BA ☐ MA ☐ PHD ☐ Other, please specify:

Applying for: Winter Semester ☐ Spring Semester ☐

STUDENT DATA

Name and Surname:

Sex: M ☐ F ☐

Date of birth (dd.mm.yyyy):

Place of birth:

Nationality:

Current address:

Email:

Phone:

Mother tongue:

Language of the home institution (if different):



Other languages:

I am currently studying
this language

I have sufficient knowledge
to follow lectures

I require extra preparation
in order to follow lessons

YES

NO

YES

NO

YES

NO

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Previous and current study:

Have you ever studied abroad before?

☐ YES

☐ NO

If yes, when and at which institution:

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?

☐ YES

☐ NO

Place and date:

Signature of the applicant: