



## APPLICATION FORM

### RECEIVING INSTITUTION:

Collegium Mazovia Innowacyjna Szkoła Wyższa  
Sokołowska 161 Street, 08-110 Siedlce, Poland  
tel. 25 633 30 32  
fax. 25 633 20 51  
email: info@mazovia.edu.pl

### Institutional coordinator - name, telephone and fax numbers, e-mail:

Karolina Urban  
tel. 25 633 30 32 int. 11  
fax. 25 633 20 51  
email: kurban@mazovia.edu.pl / erasmus@mazovia.edu.pl

### SENDING INSTITUTION(Name and full address):

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### Department coordinator - name, telephone and fax numbers, e-mail:

.....  
.....  
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### Institutional coordinator - name, telephone and fax numbers, e-mail:

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### STUDENT'S PERSONAL DATA

Last name: .....  
First name (s): .....  
Sex: M  / F  Nationality:.....  
Country: .....  
Date of birth: .....  
Place of birth: .....  
Current address: .....  
Tel. no: .....  
Email: .....

## APPLYING TO RECEIVING INSTITUTION

Study subject: .....  
ISCED Code: .....  
Study Circle: Bachelor (1<sup>st</sup>)  / Master (2<sup>nd</sup>)   
Study year: .....  
Study period: 1<sup>st</sup> semester  / 2<sup>nd</sup> semester  / whole academic year   
Academic year: .....

## PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:

.....

Number of higher education study years prior to departure abroad:

.....

Have you already been studying abroad? Yes  No

If Yes, when? At which institution? .....

.....

## STUDENT'S LANGUAGE SKILLS

Mother tongue: .....

Please indicate your language skills other than mother tongue:

Language 1: ..... A1  A2  B1  B2  C1  C2

Language 2: ..... A1  A2  B1  B2  C1  C2

## HOUSING

Rooms may be provided in our dormitory. Would you like a room in a dormitory?

Yes  No

## SENDING INSTITUTION

Student's signature

.....

Date: .....

Erasmus coordinator's signature

.....

Date: .....