*(Photo)*

|  |  |
| --- | --- |
| C:\Users\Kopecka\AppData\Local\Temp\ZSF_JU_RGB_POSITIVE new 2016.jpg |  |

### *STUDENT APPLICATION FORM*

***for the international mobility in the framework of doctoral studies***

***Academic Year****/****Study programme:***

**STUDENT**

|  |  |
| --- | --- |
| **Surname:**  **Name:**  Date of Birth (dd/mm/yyyy):   /   /  Place of Birth:  Nationality: | Permanent address:    e-mail:  tel.: +420  cell phone: +420 |
| ***Briefly describe the reason for international mobility?*** | |

***LANGUAGE COMPETENCE***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Mothers tongue:* | | | | | | |
| *Another languages spoken* | *Currently I'm studying this language* | | *I have adequate knowledge of the language to understand lectures* | | *I would have adequate knowledge of the language, if I have taken an intensive language preparation* | |
|  | *yes* | *no* | *yes* | *no* | *yes* | *ne* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***PREVIOUS AND CURRENT STUDY***

|  |
| --- |
| *The number of years of study in a doctoral study programme at FHSS USB:*  *Topic of dissertation thesis:*  *Annotation of the dissertation:* |

***SCIENTIFIC ACTIVITIES***

***Describe the State of completion of the dissertation:***

***Describe in details the content of studies or internship abroad and its relationship to the dissertation:***

***Describe the expected outputs of the study or internships abroad in relationship to the dissertation:***

***Planned period of study or internship abroad: from***   /   /     ***to***   /   /

*Dissertation Supervisor:*

*Tel::**+420*     *E-mail:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*The opinion of the supervisor to the foreign study or internship of the applicant:*

*I agree with foreign study or internships*

*I disagree with foreign study or internships*

*Statement:*

*Date:*   /   /     *Signature of the dissertation supervisor*

***SENDING INSTITUTION***

|  |
| --- |
| ***UNIVERSITY OF SOUTH BOHEMIA IN ČESKÉ BUDĚJOVICE, FACULTY OF HEALTH AND SOCIAL SCIENCES***  *J. Boreckého 1167/27, 370 11 České Budějovice, the Czech Republic*  *Person responsible: prof. rer.nat. Friedo Zölzer, DSc., Vice-Dean for international cooperation*  *Tel: +420 389 037 507 E-mail:* [*zoelzer@zsf.jcu.cz*](mailto:zoelzer@zsf.jcu.cz) |
| *Date (dd/mm/yyyy): Signature: Stamp:*    /   / |

***RECEIVING INSTITUTION***

***NAME OF THE ORGANISATION:***

*Address:*

*Person responsible:*

*tel:*                        E*-mail:*

*Coordinator/Supervisor:*

*tel:*                        E*-mail:*

*We acknowledge receipt of the request of the student.*

*The above student is:*

*provisionally accepted*

*not accepted*

*Date (dd/mm/yyyy): Signature: Stamp:*

  /   /