|  |  |
| --- | --- |
| C:\Users\Kopecka\AppData\Local\Temp\ZSF_JU_RGB_POSITIVE new 2016.jpg | *(Photograph)* |

### *STUDENT APPLICATION FORM*

***Programme of Student Mobility Support***

***Academic Year*** */* ***Field of study:***

**STUDENT’S PERSONAL DATA** *(to be completed by the student applying)*

|  |  |
| --- | --- |
| **Family name:**  **First name(s):**  Date of birth (dd/mm/yy):   /   /  Place of Birth:  Sex: Male  Female  Nationality: | Permanent address:    e-mail:  tel.: +420  mobile: +420 |
| ***Briefly state the reasons why you wish to study abroad?*** | |

***LANGUAGE COMPETENCE***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Mother’s tongue:       Language of instruction at home institution (if different):* | | | | | | |
| *Other languages* | *I am currently studying this language* | | *I have sufficient knowledge to follow lectures* | | *I would have sufficient knowledge to follow lectures if I had some extra preparation* | |
|  | *yes* | *no* | *yes* | *no* | *yes* | *no* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***PREVIOUS AND CURRENT STUDY***

|  |
| --- |
| *Diploma/degree for which you are currently studying: bachelor*  *master*  *doctorate*  *Number of higher education study years prior to departure abroad:*  *Diploma/degree awarded: bachelor  master*  *Have you already studied abroad? Yes*  *No*  *If Yes, when and at which institution?* |

***SENDING INSTITUTION***

|  |
| --- |
| ***University of South Bohemia, Faculty of Health and Social Sciences***  *J. Boreckého 1167/27, 370 11 České Budějovice, the Czech Republic*  *Co-ordinator responsible: Assoc. Professor Dr. Miroslav Sip, DrSc., Vice-Dean for International Relations*  *tel: +420 389 037 610 e-mail:* [*zahr@zsf.jcu.cz*](mailto:zahr@zsf.jcu.cz)  *Studying programme coordinator:*  *tel:* +420                  e*-mail:* |
| *Date (dd/mm/yyyy): Signature[[1]](#footnote-1) of Vice-Dean: Stamp of institution:*    /   / |

***RECEIVING INSTITUTION***

***organisation:***

*Address:*

*Co-ordinator responsible:*

*tel:*                        e*-mail:*

*Studying programme coordinator:*

*tel:*                        e*-mail:*

*We hereby acknowledge receipt of the application.*

*The above-mentioned student is:*

*provisionally accepted at our institution*

*not accepted at our institution*

*Date (dd/mm/yyyy): Signature[[2]](#footnote-2) of administration officer: Stamp of institution:*

  /   /

1. This document is not valid without the signature of the registrar/dean/administration officer and the official stamp of the institution. [↑](#footnote-ref-1)
2. This document is not valid without the signature of the registrar/dean/administration officer and the official stamp of the institution. [↑](#footnote-ref-2)