

INTERNATIONAL MOBILITY STUDENT APPLICATION FORM

STUDENT

Last/family name	
First name	
Gender	
Date and place of birth	
Nationality	
Address	

SENDING INSTITUTION

Institution	
Department	
Address	
Contact person	
Phone	
E-Mail	

RECEIVING INSTITUTION

Institution	
Department	
Address	
Contact person	
Phone	
E-Mail	

CURRENT STUDIES (AT SENDING INSTITUTION)

Department



Study cycle	
Study year	
Duration of the Study Programme	
ECTS obtained at the time of application	

DESIRED COURSES AT RECEIVING INSTITUTION

Course component code (if any)	Course component title (as indicated in the course catalogue) at Receiving Institution	Semester (autumn / spring or term)	Number of ECTS credits to be awarded by Receiving Institution upon successful completion
	Total nu	mber of ECTS	

Application Package:

1. Motivation

Please attach your motivation letter

2. Transcript of Records

Please attach your Transcript of Records

3. Curriculum Vitae

Please attach your CV



STUDENT'S LANGUAGE SKILLS

Limited A1 A2	Moderate B1 🗆 B2 🗆	Fluent C1 🗆 C2 🗆
Limited A1 A2	Moderate B1 🗆 B2 🗆	Fluent C1 🗆 C2 🗆
Limited A1	Moderate B1 🗌 B2 🗌	Fluent C1 C2 C

Student's signature:	Place and date: