THE WEST POMERANIAN BUSINESS SCHOOL

**STUDENT APPLICATION FORM**

 (Photo)

**ACADEMIC YEAR: 2016-2017**

**FIELD OF STUDY: INTERNATIONAL BUSINESS STUDIES**

This application should be completed in **CAPITALS** in order to be easily copied and/or faxed (black ink recommended). ALL PARTS ARE OBLIGATORY! Please attach a photo in the right upper corner.

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| **SENDING INSTITUTION** (to be completed by the sending institution)ERASMUS CODE, name and full address: ..........................................................................................................................................................................................................................................................................................................................................ERASMUS Coordinator - name, telephone and telefax numbers, e-mail: ..........................................................................................................................................................................................................................................................................................................................................Signature: Place, date: *OFFICIAL STAMP OF SENDING INSTITUTION*  |

**Applying for semester: □ winter (Oct 2016 – Feb 2017) □ summer (Feb 2017 – July 2017)**

**STUDENT’S PERSONAL DATA** (to be completed by applicant)

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| --- | --- |
| First name and surname |  |
| Sex  |  |
| Nationality  |  |
| Date of birth  |  |
| Place of birth |  |
| Address  |  |
| Telephone / mobile number  |  |
| Email address |  |
| Father and mother’s names |  |

 **LANGUAGE COMPETENCE**

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| Mother tongue: . …………….Language of studying 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 |
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| Language certificates obtained: Language level: |

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| Student’s signature: Date:   |

*This application should be returned to: International Cooperation Department, West Pomeranian Business School
to Joanna Latuszek (Erasmus+ coordinator):
- via email:* *jlatuszek@zpsb.pl* *- by fax: +48 91 814 94 95
- or via regular mail to the address: West Pomeranian Business School, Zolnierska 53, 71-210 Szczecin, Poland.*