**STUDENT’S APPLICATION**

**FOR ERASMUS MOBILITY**

All the document and the attachments must be filled in on the computer and scanned properly (in good quality, not photographed). The documents with handwriting will not be accepted.

All your documents shall be sent together in one email message before the deadline:

* for 1 Semester/ Full academic year – 15 June
* for 2 Semester – 30 November

When completed please send to:

Paulina Witt (p.witt@umg.edu.pl) or Anna Kapuścińska (a.kapuscinska@au.umg.edu.pl)

|  |  |
| --- | --- |
| Academic year | 20…/20… |
| Semester | Winter  Spring  Whole academic year  |
| GMU faculty you apply to |  | Faculty of Navigation |
|  | Faculty of Electrical Engineering |
|  | Faculty of Marine Engineering |
|  | Faculty of Management And Quality Science |
|  | Faculty of Computer Science |

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| **Student’s personal data** |
| Family name(s) |  |
| First name(s) |  |
| Gender | female  male  not defined  |
| Nationality |  |
| Date of birth (day/month/year) |  |
| Place of birth |  |
| Father’s name(s) |  |
| Mother’s name(s) |  |
| Permanent home address | Street: ……..…………………………………………………………….…………. Number: …………………………..City: …………………………………………….…………………………….. Postal code: ………………..…………..Country: ……………………………………………………………… |
| Phone |  |
| E-mail |  |
| Contact person in case of emergency | Family name and first name: ……………………………………………………………………….…………..…….Relation: ……………………………………………………………..Phone: ………………………………………………………… E-mail: …………………………………………………… |
| Language competency\*\* Please put x in the right box | Mother tongue: ………………………………………………………. |
| Language: | I’m currently studying | I have sufficient knowledge to follow lectures | I would have sufficient knowledge to follow lectures if I had some extra preparation |
| English |  |  |  |
| …………………. |  |  |  |
| …………………. |  |  |  |
| …………………. |  |  |  |
| Previous studies abroad | Name of university: ………………………………………………………………………………………………………..Country: . ……………………………………………………………………………………………………………………….Duration of studies: ……………………………………………………………………………………………………….. |

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| **Home university** |
| Name of home university |  |
| Faculty/Department |  |
| Year of studies |  | Subject area[[1]](#footnote-1) |  |
| Name of Erasmus Coordinator |  |
| Coordinator’s phone |  | Coordinator’s e-mail |  |
| Address of international office where the results and certificate of attendance will be sent. |  |

Documents to be attached to this application:

1. Learning agreement

2. Transcript of records from home university

3. Copy of ID

4. Accommodation form (if necessary)

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**Applicant’s declaration**

* I certify that the information contained within this application is true and accurate to the best of my knowledge. I agree to the University processing personal data contained in this form or other data which the University may obtain from me or other sources. I agree to the processing of such data for any purpose connected with my studies or my health, welfare or safety, or for any other legitimate reason.
* I confirm that I am aware of the rules regarding obligatory registration of my stay in Poland.
* I hereby declare that I give Gdynia Maritime University the rights to publish my image in traditional publications (e.g. documents, reports, advertisements, directories, folders, press releases, exhibitions) and electronic ones (e.g. web page, social media) which relate to the Erasmus mobility, according with the Polish Act of 4 February 1994r. about the Copyright and Related Rights (Journal of Laws of 2006 No. 90, item 631, as amended). I am aware that my consent may be withdrawn at any time.

Date: .............................. Signature: ..............................................

1. <https://ec.europa.eu/education/resources/international-standard-classification-education-fields> [↑](#footnote-ref-1)