

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM**

**STUDENT APPLICATION FORM - FREEMOVERS**

Programme of Student Mobility Support

(Please take in account that the conditions of the Programme must be followed)

(Photograph)

|  |  |
| --- | --- |
| Academic year: | YYYY/YYYY |
| Field of Study: |  |

# I. SENDING INSTITUTION

|  |  |
| --- | --- |
| University, faculty: | Brno University of Technology |
| Address: |  |
| Coordinator responsible |
| Name: |  |
| Contact e-mail, telephone: |  |

# II. RECEIVING INSTITUTION

|  |  |
| --- | --- |
| University, faculty: |  |
| Address: |  |
| Coordinator responsible |
| Name: |  |
| Contact e-mail, telephone: |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Family name: |  | First name(s) |  |
| Date & Place of Birth: | DD/MM/YYYY in ……………… | Sex | Male [ ]  Female [ ]  |
| Contact e-mail,telephone: |  |
| Current address: |  |
| Permanent address (if different): |  |

**IV. MOTIVATION LETTER** (if requested)

|  |
| --- |
| Briefly state the reasons why you wish to study abroad |

**V. LANGUAGE COMPETENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Language | Currently studying | Sufficient knowledge to follow the study programme | Extra preparation needed |
| 1 |  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| 2 |  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| 3 |  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |

**VI. PREVIOUS AND CURRENT STUDY**

|  |  |
| --- | --- |
| Study years prior to departure for this mobility: |  |
| Degree currently pursued: | Bachelor/Master/Ph.D. |
| Previous study abroad: | YES [ ]  NO [ ] If yes, which institution: |
| Name of the sending institution | Brno University of Technology |
| Date, signature and stamp of sending institution |  |

**VII. APPROVAL OF THE RECEIVING INSTITUTION**

**The receiving institution hereby acknowledges receipt of this application.**

**The above-mentioned student is**

1. Provisionally accepted at our institution [ ]
2. Not accepted at our institution [ ]

|  |  |
| --- | --- |
| Date: | DD/MM/YYYY |
| Name of receiving institution: |  |
| Name and function of the representative: |  |
| Signature: | Stamp of institution |
|  |  |