**APPLICATION FORM**

**ACADEMIC YEAR 2019/2020**

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| Please fill in the form in the English language and return to: | **International Relations Office**  **Palacký University Olomouc**  **Křížkovského 8**  **771 47 Olomouc**  **Czech Republic** | Please, upload your photo here: |
| **By May 31 for winter semester /**  **whole academic year** |
| **By October 31 for summer semester** |
| (scanned copies as well as the hard copies sent by post are accepted) | **e-mail:** [**eva.ohniskova@upol.cz**](mailto:eva.ohniskova@upol.cz)  [**klara.henzlova@upol.cz**](mailto:klara.henzlova@upol.cz) |

**FIELD OF STUDY:** Klikněte sem a zadejte text.

**PERSONAL DATA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family name:** | Klikněte sem a zadejte text. | | | |
| **First name:** | Klikněte sem a zadejte text. | | | |
| **Gender:** | Zvolte položku. | **Date of birth:** | | Klikněte sem a zadejte datum. |
| **Passport number:** | Klikněte sem a zadejte text. | | | |
| **Nationality:** | Klikněte sem a zadejte text. | | | |
|  |  | | | |
| **Permanent address**: | Street: Klikněte sem a zadejte text. | | Number: Klikněte sem a zadejte text. | |
|  | City: Klikněte sem a zadejte text. | | ZIP code: Klikněte sem a zadejte text. | |
| **Country:** | Klikněte sem a zadejte text. | |  | |
| **E-mail address[[1]](#footnote-1):** | Klikněte sem a zadejte text. | | | |
| **Telephone number:** | Klikněte sem a zadejte text. | | | |

**SENDING INSTITUTION**

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| **Home institution:** | Palacký University |
| **Faculty:** Zvolte položku. | | |
| **Contact person at a home institution** | Klikněte sem a zadejte text. |
| Name: | Klikněte sem a zadejte text. |
| Phone: | Klikněte sem a zadejte text. |
| Email: |  |

**RECEIVING INSTITUITION**

|  |  |  |  |
| --- | --- | --- | --- |
| **University:** Klikněte sem a zadejte text. | | | |
| **Faculty:** Klikněte sem a zadejte text. | | | |
| **Contact person at a foreign institution** | | | |
| Name: | Klikněte sem a zadejte text. | | |
| Phone: | Klikněte sem a zadejte text. | | |
| Email: | Klikněte sem a zadejte text. | | |
| **Period of study:** | | **From:** Zvolte položku. | **To:** Zvolte položku. |
| **Duration of stay (months):** | | Klikněte sem a zadejte text. | |
| **Number of expected ECTS credits:** | | Klikněte sem a zadejte text. | |
| **Semester** (please mark): | | Winter semester | Summer semester |

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| Briefly state the reasons why you wish to study abroad:  Klikněte sem a zadejte text. |

**LANGUAGE COMPETENCE**

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| --- | --- | --- | --- | --- | --- | --- |
| **Mother tongue:** Klikněte sem a zadejte text. | | | | | | |
| Language of instruction at receiving institution | The level of language competence (CEFR)[[2]](#footnote-2) | | | | | |
| Language 1 | A1 | A2 | B1 | B2 | C1 | C2 |
| Klikněte sem a zadejte text. |  |  |  |  |  |  |
| Language 2 | A1 | A2 | B1 | B2 | C1 | C2 |
| Klikněte sem a zadejte text. |  |  |  |  |  |  |

**PREVIOUS AND CURRENT STUDY**

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| **Diploma/degree which you are currently studying for**: Zvolte položku. |
| **Number of higher education study years prior to departure abroad**: Klikněte sem a zadejte text. |
| **Have you already been studying abroad?** Yes  No |
| **If Yes, when? At which institution?** Klikněte sem a zadejte text. |

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| **Send this application with enclosed documents:**   * ECTS Learning Agreement | |
| **by e-mail:** [**eva.ohniskova@upol.cz**](mailto:eva.ohniskova@upol.cz)  [**klara.henzlova@upol.cz**](mailto:klara.henzlova@upol.cz)  (Incoming student coordinator**)** | **Deadlines:**  Winter semester / whole academic year – **May 31** Summer semester – **October 31** |

1. Please use a functional and simple email address, preferably including your full name and surname. [↑](#footnote-ref-1)
2. A description of the European Language Levels (CEFR) is available at https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr [↑](#footnote-ref-2)