**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** **klara.henzlova@upol.cz** |

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

**PERSONAL DATA**

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| **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. |
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| **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**

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| **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****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)