**Student Application Form**

Photo

This application should be completed digitally,   
saved as PDF and sent to [erasmus@ambis.cz](mailto:erasmus@ambis.cz)

1. Student’s personal data

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Family name: |  |
| Date of birth: |  | Place of birth: |  |
| Sex: | *M / F* | Nationality: |  |
| Contact address: |  | Permanent address: (if different) |  |
| Academic year: |  | Passport number: |  |
| Email: |  | Phone: |  |

1. Sending institution

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Erasmus code: |  | |
| Address: |  | |
| Department coordinator | Name: |  |
| Email + phone: |  |
| Institutional coordinator | Name: |  |
| Email + phone: |  |

1. Previous and current studies

|  |  |
| --- | --- |
| Level of study during Erasmus mobility: |  |
| Number of higher education study years prior to departure abroad: |  |
| Briefly state your motivation for studying abroad: | |
| **The attached Transcript of records includes full details of previous and current higher education study.** | |

1. Receiving institution

|  |  |
| --- | --- |
| Name: | *The College of Regional Development and Banking Institute – AMBIS, a.s.* |
| Erasmus code: | *CZ PRAHA11* |
| Coordinator (email, phone): | *Magdaléna Hájíčková (erasmus@ambis.cz, + 420 774 673 331)* |
| Address: | *Lindnerova 575/1, 180 00 Praha 8, Czech Republic* |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. | |
| The above-mentioned student is  provisionally accepted at our institution  not accepted at our institution | |
| Coordinator signature:  Date: | |