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| **ECTS - EUROPEAN CREDIT TRANSFER SYSTEM** **(Photograph)**STUDENT APPLICATION FORM |

**ACADEMIC YEAR: 2018/ 2019**

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

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| **SENDING INSTITUTION**Name, Erasmus code, Address: Klikněte nebo klepněte sem a zadejte text.Department coordinator - name, telephone, e-mail: Klikněte nebo klepněte sem a zadejte text.Institutional coordinator - name, telephone, e-mail: Klikněte nebo klepněte sem a zadejte text. |
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 This application should be completed in BLACK in order to be easily copied and send back to erasmus@ambis.cz

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

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| Family name: Klikněte nebo klepněte sem a zadejte text.Date of birth: Klikněte nebo klepněte sem a zadejte datum.Sex: Female Nationality: Klikněte nebo klepněte sem a zadejte text.Place of Birth: Klikněte nebo klepněte sem a zadejte text.Current address:Klikněte nebo klepněte sem a zadejte text.e-mail: Klikněte nebo klepněte sem a zadejte text. | First name (s): Klikněte nebo klepněte sem a zadejte text.Passport Nr.: Klikněte nebo klepněte sem a zadejte text.Permanent address (if different): Klikněte nebo klepněte sem a zadejte text.Mobile: Klikněte nebo klepněte sem a zadejte text.Tel.: Klikněte nebo klepněte sem a zadejte text. |

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| **RECEVING INSTITUTION**Name, Erasmus code, Address: The College of Regional Development and Banking Institute – AMBIS, a.s., Nárožní 2600/9, CZ-158 00 Prague 5ID Code: CZ PRAHA11Institutional coordinator - name, telephone/fax, e-mail Magdaléna Hájíčková, telephone: + 420 774673331; erasmus@bivs.cz. |

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

**PREVIOUS AND CURRENT STUDY**

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| Level of study during Erasmus stay: **Zvolte položku.**Number of higher education study years prior to departure abroad: **Zvolte položku.**Have you already been studying abroad? Yes [ ]  No [ ] If Yes, when? at which institution? Klikněte nebo klepněte sem a zadejte text.**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will provided be at a later stage.** |

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| **RECEIVING INSTITUTION** |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. |
| The above-mentioned student is [ ] [ ] Departmental coordinator’s signature.............................................................................Date: Klikněte nebo klepněte sem a zadejte datum. | provisionally accepted at our institutionnot accepted at our institutionInstitutional coordinator’s signature.......................................................................................Date Klikněte nebo klepněte sem a zadejte datum. |
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