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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](mailto: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 5  ID Code: CZ PRAHA11  Institutional 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 institution  not accepted at our institution  Institutional coordinator’s signature  .......................................................................................  Date Klikněte nebo klepněte sem a zadejte datum. |
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