



# STUDENT APPLICATION FORM FOR THE ERASMUS+ MOBILITY

No. \_\_\_\_\_



## 1. Personal Details

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_  
Day Month Year

Current address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Nationality: \_\_\_\_\_

Tel.: \_\_\_\_\_

E-mail: \_\_\_\_\_

## 2. Academic Background

Faculty: \_\_\_\_\_

Field/ Specialisation: \_\_\_\_\_

Full-time/ Part-time: \_\_\_\_\_ Student record book no.: \_\_\_\_\_

Completed years of studies: \_\_\_\_\_ Please specify the degree for which you are enrolled:  bachelor;  master  
Average grade for each semester (confirmed in the Dean's Office: signature and stamp):

s. I \_\_\_\_\_ s. II \_\_\_\_\_ s. III \_\_\_\_\_ s. IV \_\_\_\_\_ s. V \_\_\_\_\_ s. VI \_\_\_\_\_ s. VII \_\_\_\_\_ s. VIII \_\_\_\_\_

Average grade for the whole course  
of studies: \_\_\_\_\_

Signature and stamp

## 3. Knowledge of Foreign Languages

(specify the foreign languages you know and the level of proficiency: A1, A2, B1, B2, C1, C2)

a) \_\_\_\_\_

b) \_\_\_\_\_

**4. Participation in lectures in a foreign language at KA** (Please attach the confirmation of participation signed by the teacher)

\_\_\_\_\_  
\_\_\_\_\_

**5. Details of the intended mobility**

Receiving country: \_\_\_\_\_

The programme which you would like to attend

*(Erasmus+ for Studies, Erasmus+ for Traineeships)*: \_\_\_\_\_The name of the Receiving University/ Institution/ Company (only one):  
\_\_\_\_\_The intended semester abroad : autumn semester                       spring semester **6. Previous participation**

Have you participated in Erasmus Exchange Programme (Erasmus+; LLP-Erasmus; Socrates-Erasmus) before

**(study)?**      Yes  No                                       **/(traineeship)?**      Yes  No **If yes, when? At which institution?**

From/to: \_\_\_\_\_ Institution: \_\_\_\_\_

From/to: \_\_\_\_\_ Institution: \_\_\_\_\_

From/to: \_\_\_\_\_ Institution: \_\_\_\_\_

**7. State the reasons why you wish to participate in the program**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## CONSENT TO THE PROCESSING OF PERSONAL DATA

Based on requirements of the General Data Protection Regulation dated 27th April 2016 (GDPR)

I agree to the processing of my personal data included in the student application form for the Erasmus+ mobility in order to participate in the recruitment process for the Erasmus+ mobility, by Andrzej Frycz Modrzewski Krakow University in Krakow (with its registered seat at ul. Gustawa Herlinga-Grudzińskiego 1 in Krakow), which will be the Administrator of Personal Data.

I accept what follows:

1. providing personal data included in the student application form is voluntary, but their processing is required for the participation in the recruitment process ;
2. I have the right to access the content of my personal data and the right to rectify it, delete it, limit its processing, the right to transfer data, the right to object, to withdraw consent at any time without affecting the legality of the processing, which was made on the basis of consent before its withdrawal; the withdrawal of consent to the processing of personal data may be sent by e-mail to the following address: [iodo@afm.edu.pl](mailto:iodo@afm.edu.pl);
3. I have the right to lodge a complaint with the supervisory body for the protection of personal data;
4. personal data may only be made available to other entities with appropriate authorization based on national or UE law, e.g. Erasmus+ Programme;
5. shared personal data will not be processed in an automated manner, and will not be profiled, and will not be transferred to a third country or an unauthorised international organization;
6. my personal data will be kept for the duration of the Erasmus+ mobility project within which the mobility is realized and the archiving period resulting from legal provisions;
7. the Inspector of Personal Data Protection supervising the correctness of personal data processing can be contacted under the following e-mail address: [iodo@afm.edu.pl](mailto:iodo@afm.edu.pl).

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Date and student's legible signature

First name and surname

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Field of study

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### Declaration

I hereby declare that I am aware of the fact that the Erasmus+ grant I get does not cover the entire cost of my stay abroad at the receiving institution.

Krakow, \_\_\_\_\_

Signature: \_\_\_\_\_

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\*The Erasmus+ grant covers a part of the cost of travel and stay abroad. It can be used by the student to cover the accommodation cost or other costs related to the stay in the foreign country. The grant is to cover the difference in the costs of living in the home country and the host country.