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| C:\Users\Kopecka\AppData\Local\Temp\ZSF_JU_RGB_POSITIVE new 2016.jpg | *(Photograph)* |

### *STUDENT APPLICATION FORM*

***Programme of Student Mobility Support***

***Academic Year*** */* ***Field of study:***

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

|  |  |
| --- | --- |
| **Family name:** **First name(s):** Date of birth: Place of Birth: Sex: Male [ ]  Female [ ]  Nationality:  | Permanent address:  e-mail: tel.: +420  cell phone: +420  |
| ***Briefly state the reasons why you wish to study abroad?***  |

***LANGUAGE COMPETENCE***

|  |
| --- |
| *Mother’s tongue:       Language of instruction at home institution (if different):* |
| *Other languages* | *I am currently studying this language* | *I have sufficient knowledge to follow lectures* | *I would have sufficient knowledge to follow lectures if I had some extra preparation* |
|  | *yes* | *no* | *yes* | *no* | *yes* | *no* |
|  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
|  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |

***PREVIOUS AND CURRENT STUDY***

|  |
| --- |
| *Diploma/degree for which you are currently studying bachelor* *[ ]  master* *[ ]  doctorate* *[ ]* *Number of higher education study years prior to departure abroad:* *Diploma/degree awarded: bachelor [ ]  master [ ]* *Have you already studied abroad? Yes* *[ ]  No* *[ ]* *If yes, when and at which institution?*  |

***SENDING INSTITUTION***

|  |
| --- |
| ***University of South Bohemia, Faculty of Health and Social Sciences*** *J. Boreckého 1167/27, 370 11 České Budějovice, the Czech Republic**Responsible: Mgr. František Dolák, Ph.D., MBA, Vice-Dean for International Relations* *tel: +420 389 037 507 e-mail:* *FDolak@zsf.jcu.cz**Study programme coordinator:* *tel:* +420                  e*-mail:*  |
| *Date (dd/mm/yyyy): Signature[[1]](#footnote-1) of Vice-Dean: Stamp of institution:* |

***RECEIVING INSTITUTION***

***organisation:***

*Address:*

*Co-ordinator responsible:*

*tel:*                        e*-mail:*

*Study programme coordinator:*

*tel:*                        e*-mail:*

*We hereby acknowledge receipt of the application.*

*The above-mentioned student is:*

*[ ]  provisionally accepted at our institution*

*[ ]  not accepted at our institution*

*Date (dd/mm/yyyy): Signature[[2]](#footnote-2) of administration officer: Stamp of institution:*

1. This document is not valid without the signature of the registrar/dean/administration officer and the official stamp of the institution. [↑](#footnote-ref-1)
2. This document is not valid without the signature of the registrar/dean/administration officer and the official stamp of the institution. [↑](#footnote-ref-2)