**The Polish National Film, Television and Theatre School in Lodz**

**EXCHANGE STUDENT APPLICATION FORM**

**ERASMUS+**

**ACADEMIC YEAR 20…./20….**

**FIELD OF STUDY:.....................................................................................**

#### SENDING INSTITUTION *(to be completed by the applying student)*

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| --- |
| Home university and faculty name: Home university full address: Type of study (BA, MA, long cycle course): Year of study: Department coordinator: name, telephone number, e-mail boxInstitutional coordinator:name, telephone number, e-mail |

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

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| --- |
| Family name:First name (s): Place of birthDate of birth: Nationality:Sex: [ ]  female [ ]  malePassport/ID number:Father’s name: Current address: Permanent address (if different): Current address is valid until: Tel.: E-mail:  |

**CONTACT PERSON DATA IN CASE OF EMERGENCIES** *(to be completed by the applying student)*

|  |
| --- |
| Family name: First name: Phone number:E-mail: Address:  |

**MOTIVATION***(to be completed by the applying student)*

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| Briefly state the reasons why you wish to study at the Polish National Film, Television and Theatre School in Lodz? |

## LANGUAGE COMPETENCE *(to be completed by the applying student)*

|  |  |  |
| --- | --- | --- |
|  | I have sufficient command of language required by the Polish National Film, Television and Theatre School in Lodz \* | I will have sufficient command of language required by the Polish National Film, Television and Theatre School in Lodz by the time I arrive at the host institution\*  |
|  | yes | no | yes | no |
| Polish English  | [ ] [ ]  | [ ] [ ]  | [ ] [ ]  | [ ] [ ]  |

\*please check the language level required by the host institution in your International Office (agreement signed between home and host institution for Erasmus+

*(to be completed by the applying student)*

|  |  |
| --- | --- |
| Period of study | [ ]  winter semester [ ]  spring semester  |

**APPLICATION FOR HOUSING** *(to be completed by the applying student)*

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| --- |
| Do you wish to apply for accommodation at the host institution dormitory? Yes [ ]  No [ ] Planned arrival date ……………………………….  |

**SPECIAL NEEDS AND HEALTH-RELATED ISSUES** *(to be completed by the applying student)*

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| Please describe the situation, required support services, facilities:  |

## SIGNATURE OF APPLICANT

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| --- |
| I hereby confirm that I have completed this form in good faithPlace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## SIGNATURE OF HOME INSTITUTION’S REPRESENTATIVE

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| --- |
| I hereby confirm that the student has been nominated to participate in Erasmus+ programme for the period of....................... academic year .................................Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| When complete, this application together with the supporting materials (portfolio, Learning Agreement), should be returned by mail to the Department Coordinator\*\*: |

\*applications for winter semester must be received by the end of May, applications for spring semester must be received by the end of November each year

\*\*please find your relevant Coordinator on our [website](https://www.filmschool.lodz.pl/erasmus/about)