**APPLICATION FORM**

**ACADEMIC YEAR 2016/2017**

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| Please fill in the form in the English language and return to: | **International Relations Office****Palacký University****Křížkovského 8****771 47 Olomouc****Czech Republic** | Please, upload your photo here[[1]](#footnote-1): |
| **By May 31 for winter semester /****whole academic year** |
| **By October 31 for summer semester** |
| (scanned copies as well as the hard copies sent by post are accepted) | **e-mail:** **stepanka.bublikova@upol.cz**tel: +420-58-563 1113 |

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

**PERSONAL DATA**

|  |  |
| --- | --- |
| **Family name:** | Klikněte sem a zadejte text. |
| **First name:** | Klikněte sem a zadejte text. |
| **Gender:** | Zvolte položku. | **Date of birth:** | Klikněte sem a zadejte datum. |
| **Birth Identification Number** (only students from Slovakia) | Klikněte sem a zadejte text. |
| **Passport number:** | Klikněte sem a zadejte text. |
| **Nationality:** | Klikněte sem a zadejte text. |
|  |  |
| **Permanent address**: | Street: Klikněte sem a zadejte text. | Number: Klikněte sem a zadejte text. |
|  | City: Klikněte sem a zadejte text. | ZIP code: Klikněte sem a zadejte text. |
| **Country:** | Klikněte sem a zadejte text. |  |
| **E-mail address[[2]](#footnote-2):** | Klikněte sem a zadejte text. |
| **Telephone number:** | Klikněte sem a zadejte text. |

**SENDING INSTITUTION**

|  |  |
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| **Home institution:** | Klikněte sem a zadejte text. |
| **Institutional contact person at a home institution** |
| Name: | Klikněte sem a zadejte text. |
| Phone: | Klikněte sem a zadejte text. |
| Email: | Klikněte sem a zadejte text. |
| **Departmental contact person at a home institution** |
| Name: | Klikněte sem a zadejte text. |
| Phone: | Klikněte sem a zadejte text. |
| Email: | Klikněte sem a zadejte text. |

**RECEIVING INSTITUITION**

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| **Study at Palacký University:** |
| **Faculty:** Zvolte položku. |
| **Department[[3]](#footnote-3):** Klikněte sem a zadejte text. |
| **Period of study:** | **From:** Zvolte položku. | **To:** Zvolte položku. |
| **Duration of stay (months):** | Klikněte sem a zadejte text. |
| **Number of expected ECTS credits:** | Klikněte sem a zadejte text. |
| **Semester** (please mark): | [ ]  Winter semester  | [ ]  Summer semester  |

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

**LANGUAGE COMPETENCE**

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| **Mother tongue:** Klikněte sem a zadejte text.**Language of instruction at home institution (if different):** Klikněte sem a zadejte text. |
| 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 |
| Klikněte sem a zadejte text. |[ ] [ ] [ ] [ ] [ ] [ ]
| Klikněte sem a zadejte text. |[ ] [ ] [ ] [ ] [ ] [ ]
| Klikněte sem a zadejte text. |[ ] [ ] [ ] [ ] [ ] [ ]

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant – not necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience | Firm/organisation | Dates | Country |
| Klikněte sem a zadejte text. | Klikněte sem a zadejte text. | Klikněte sem a zadejte text. | Klikněte sem a zadejte text. |

**PREVIOUS AND CURRENT STUDY**

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| **Diploma/degree which you are currently studying for**: Zvolte položku. |
| **Number of higher education study years prior to departure abroad**: Klikněte sem a zadejte text. |
| **Have you already been studying abroad?** Yes [ ]  No [ ]  |
| **If Yes, when? at which institution?** Klikněte sem a zadejte text. |

**STATUS AT RECEIVING INSTITUTION:**

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| We hereby acknowledge receipt of the application and the proposed learning agreement. |
| The above-mentioned student is  Responsible Person´s signature...........................................................................Date: ................................................................. | [ ] provisionally accepted at our institution[ ] not accepted at our institutionInstitutional coordinator’s signature......................................................................................Date .............................................................................. |

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| **Send this application with enclosed documents:** * ECTS Learning Agreement
* Accommodation Request Form
* Orientation Week Registration Form
* Transcript of Records (optional)
 |
| **by e-mail:** **stepanka.bublikova@upol.cz****(Incoming student coordinator)** | **Deadlines:****Winter semester / whole academic year – May 31 Summer semester – October 31** |

1. Please take at least TWO additional passport size photographs with you, the photos are required for UP ID cards. [↑](#footnote-ref-1)
2. Please use a functional and simple email address, preferably including your full name and surname. [↑](#footnote-ref-2)
3. To choose your department please visit the website of the relevant faculty [www.upol.cz/en](http://www.upol.cz/en) [↑](#footnote-ref-3)