**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**](mailto: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**

|  |  |
| --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |
| --- |
| **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:**

|  |  |
| --- | --- |
| 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 institution  Institutional coordinator’s signature  ......................................................................................  Date .............................................................................. |

|  |  |
| --- | --- |
| **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**](mailto: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)