**Remarks:**

1. Please fill in the green fields only.
2. Fill in 1 form for 1 person.
3. Click into squares to mark, click again to unmark.
4. When concluded, send this form to: magdalena.hryniewicz@awl.edu.pl

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| --- | --- |
| I want to participate in the event (please click to mark **the event** below): | |
| International Semester 2024 | Internship |
| **04.03.2024 – 28.06.2024** | **dd.mm.2024 – dd.mm.2024** |

**INFORMATION ABOUT PARTICIPANT OF MOBILITY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Male  Click to mark | Female  Click to mark | | Rank, ac. degree (s) | | | | **FAMILY NAME** | | **First name(s)** |
|  |  | |  | | | |  | |  |
| Date of birth  DD MM YYYY | | | Place of birth | | | | Passport or ID Card number | | Passport or ID Card validity until  (DD MM YYYY) |
|  | | |  | | | |  | |  |
|  | | | Current address: | | | | Nationality: | | |
|  | | | | | | |  | | |
| Phone number (please include country code) | | | | | | | E-mail address | | |
|  | | | | | | |  | | |
| Branch of Service  (if available) | | | Full name of Sending Institution | | | | | Full address of Sending Institution | |
|  | | |  | | | | |  | |
| Faculty: | | | | | Previous and current Study: | | | | |
|  | |  |  | |
|  | | |  | | Diploma/degree for which you are currently studying:  Number of higher education study years prior to departure abroad:  Have you already been studying abroad? Yes/No  If „Yes“ when? At which Institution? | | | | |
| Insert below your picture  (preferably a passport picture in jpg format or attach the picture to the mail) | | | | | | | | | |
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| If you are NOT the point of contact (POC) or if more than one person from your Institution will participate please fill in POC’s data below | | | | | | | | | |
| Male  Click to mark | Female  Click to mark | | Rank, ac. degree (s) | | | **FAMILY NAME** | | | **First name(s)** |
|  |  | |  | | |  | | |  |
| POC’s phone number | | | | POC’s e-mail address (es) | | | | | |
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| --- | --- | --- | --- | --- | --- |
| LANGUAGE COMPETENCE  Choose your level of languages (B1,B2,C1, C2) | | | | | |
| Mother tongue |  | | | | |
| English | | B1 | B2 | C1 | C2 |
| Other language |  | B1 | B2 | C1 | C2 |
| Other language |  | B1 | B2 | C1 | C2 |

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| --- |
| Student’s signature Date: |
| **SENDING INSTITUTION**  Responsible person’s signature Date: |
| **RECEIVING INSTITUTION**  Responsible person’s signature Date: |