**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 2025 | Internship |
| [ ]  **03.03.2025 – 27.06.2025** | [ ]  **dd.mm.2025 – dd.mm.2025** |

**INFORMATION ABOUT PARTICIPANT OF MOBILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MaleClick to mark | FemaleClick to mark | Rank, ac. degree (s) | **FAMILY NAME** | **First name(s)** |
|[ ] [ ]   |  |  |
| Date of birthDD 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/NoIf „Yes“ when? At which Institution? |
| Insert below your picture(preferably a passport picture in jpg format or attach the picture to the mail) |
|  |
|  |
| 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  |
| MaleClick to mark | FemaleClick 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 COMPETENCEChoose 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: |