APPLICATION FORM FOR STUDIES

Departmental Level [FA PUT] of Erasmus+ Recruitment Process

Please fill in ALL blanks in capital letters. Print both sides of the document.

First Name (s):

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Last Name (s):

Current Semester:		Student ID no:							
Date of Birth:		Place of birth:							
Have you already been a beneficent of Erasmus+	YES / NO	Years of participation:							
Program?:		University:							
Contact Data	Contact Data								
E-mail address*:									
Phone number:									
*Please note that the only e-mail accepted for professional contact with the Faculty of Architecture [PUT] is an official address in a domain student.put.poznan.pl									
The Receiving Institution: list of Student's preferences									
	Name of Parti	Country							
The First Choice									
The Second Choice									
The Third Choice									
Additional Information									
First Type:									
The official language Certificate. Please enclose a copy.									
Second Type:									
Social activities for the PUT or FA community and volunteering. Please enclose a copy.									
Third Type:									
Scientific Activity/Recognized achievements in PUT sport clubs. Please enclose a copy.									
Student's Commitment									
Student's Signature:									
Date:									

NOTE: The reverse is to be filled by Departmental Recruitment Committee





FACULTY OF ARCHITECTURE

ul. Nieszawska 13 A, 61-021 Poznań, Poland tel: 0048 61 665 3255, fax: 0048 61 665 3300 office_darf@put.poznan.pl architektura.put.poznan.pl

DECISION

To be filled by Departmental Recruitment Committee

Records Data

Records Butt									
Average grade:		Additional Points:							
Overall result:		Position:							
Student has already h	peen a beneficent of Er	asmus+ Program.	☐ Yes	□ No					
The Department	tal Recruitment C	ommittee Decisio	on						
☐ Qualified		☐ Not qualified							
Reason of denial:									
Commitment of The Committee									
Departmental Coordinator Stamp & Signature:		Vice-Dean Stamp & Signature:							
Date:		Date:							