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.

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Last Name (s):		First Name (s):			
Current Semester:		Student ID no:			
Date of Birth:		Place of birth:			
Have you already been a beneficent of Erasmus+ Program?:	YES / NO	Years of participation: University:			
Contact Data					
E-mail address*:					
Phone number:					
		for professional contac a domain student.put.			
The Receiving I	nstitution: list of	Student's prefer	ences		
	Name of Partner University		Country		
The First Choice					
The Second Choice					
The Third Choice					
Additional Infor	mation				
First Type:					
The official language	Certificate. Please enc	lose a copy.			
Second Type:					
Social activities for the	e PUT or FA communi	ty and volunteering. Pl	ease enclose a copy.		
Third Type:					
Scientific Activity/Rec	cognized achievements	s in PUT sport clubs. Ple	ease enclose a copy.		
61 1 1/ 6					
Student's Comm	nitment				
Student's Comm Student's Signature:	nitment				

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





FACULTY OF ARCHITECTURE

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DECISION

To be filled by Departmental Recruitment Committee

Records Data

records but										
Average grade:		Additional Points:								
Overall result:		Position:	osition:							
Student has already b	peen a beneficent of Er	asmus+ Program.	☐ Yes	□ No						
The Department	al 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:								