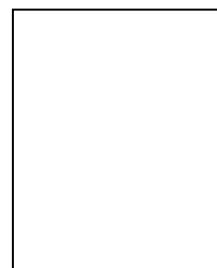


ERASMUS+ APPLICATION FORM

Academic year 20 /20

PLEASE FILL OUT THE APPLICATION FORM COMPLETELY
USING A WORD PROCESSING PROGRAM!



Full name of student:	
SENDING University data	
Name of Home University:	
Department/Faculty:	
ERASMUS Code:	
Name of the ERASMUS coordinator	
Phone number of the Erasmus coordinator	
E-mail address of the Erasmus coordinator	
Postal address of the Erasmus coordinator	
Student Personal data	
Family name	
First name	
Gender	
Place and date of birth:	
Current address:	
Permanent address:	
Telephone number(s):	
Skype name:	
E-mail:	
Mother tongue:	
Nationality:	
Present year of study	
Specialization:	
Contact person of the student in case of emergency	
Full name:	
Address:	
Telephone number:	
E-mail:	
Exchange details for HOST University	
Name of Faculty where you will be studying:	
Subject area/discipline you will be studying:	
Start Date	
Finish date	
Level of study (Please underline!)	
Proposed Courses of Study <i>(If needed put more lines to this part of the application form)</i>	
SENDING INSTITUTION	HOST INSTITUTION
Course title with ECTS credit	Course title with ECTS credit

English Language Competence <i>(You should be able to write essays, attend lectures and interact with other students. You must submit a certificate of your English language knowledge of level B2 or above.)</i>	
How do you rate your English language skills? <i>(Please underline!)</i>	
Writing	Very poor/Poor/ <u>Sufficient</u> /Good/Excellent
Reading	Very poor/Poor/ <u>Sufficient</u> /Good/Excellent
Speaking	Very poor/ <u>Poor</u> /Sufficient/Good/Excellent
Additional Support	
Do you have any disabilities or medical conditions which might require special arrangements or facilities? <u>If yes, please give details on a separate sheet.</u>	
Interests	
Please tell us why you would like to study at Kaposvár University as an Erasmus student.	
Is there any additional information you would like to give?	

The information I have given above is correct to the best of my knowledge.

Signature of the student:

Date:

The student named above has been chosen by our institution as a suitable candidate to take part in the ERASMUS student mobility programme with Kaposvár University.

Signature of the SENDING UNIVERSITY ERASMUS coordinator:

Date:

PLEASE SEND YOUR COMPLETED, SIGNED APPLICATION FORM BY POST AND E-MAIL TO THE FOLLOWING ADDRESS AND PERSON:

- Kaposvár University, 7400 Kaposvár, 40. Guba Sándor Street, Hungary
- **Ms Zsófia Jász**, Institutional Erasmus+ Co-ordinator
- jasz.zsofia@ke.hu