**APPLICATION FORM:**

**Erasmus+ International Credit Mobility (ICM)**

**ACADEMIC YEAR 2023/2024**

**FIELD OF STUDY:** Click here and insert text.

**PERSONAL DATA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family name:** | Click here and insert text. | | | |
| **First name:** | Click here and insert text. | | | |
| **Gender:** | Select an item. | **Date of birth:** | | Click here and insert a date. |
| **Passport number:** | Click here and insert text. | **Nationality:** | | Click here and insert text. |
|  |  | | | |
| **Permanent address**: | **Street:** Click here and insert text. | | **Number:** Click here and insert text. | |
| **City:** Click here and insert text. | | **ZIP code:** Click here and insert text. | |
| **Country:** Click here and insert text. | |  | |
| **E-mail address:** | Click here and insert text. | | | |
| **Telephone number:** | Click here and insert text. | | | |

**SENDING INSTITUTION (home university)**

|  |  |
| --- | --- |
| **Name of the university:** | Palacký University Olomouc |
| **Faculty:** | Select an item. |
| **Contact person at faculty:** | Click here and insert text. |
| **Telephone number:** | Click here and insert text. |
| **E-mail address:** | Click here and insert text. |

**RECEIVING INSTITUITION (partner university)**

|  |  |  |
| --- | --- | --- |
| **Name of the university:** | Click here and insert text. | |
| **Faculty:** | Click here and insert text. | |
| **Contact person at a foreign institution:** | Click here and insert text. | |
| **Telephone number:** | Click here and insert text. | |
| **E-mail address:** | Click here and insert text. | |
| **Period of study:** | **From:** Select an item. | **To:** Select an item. |
| **Duration of stay (months):** | Click here and insert text. | |
| **Number of expected ECTS:** | Click here and insert text. | |
| **Semester** (please mark): | Winter semester | Summer semester |

|  |
| --- |
| **Briefly state the reasons why you wish to study abroad:** |
| Click here and insert text. |

**LANGUAGE COMPETENCES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mother tongue:** | Click here and insert text. | | | | | |
| **Language of instruction at receiving institution:** | **The level of language competence (CEFR)[[1]](#footnote-1)** | | | | | |
| Language 1 | A1 | A2 | B1 | B2 | C1 | C2 |
| Click here and insert text. |  |  |  |  |  |  |
| Language 2 | A1 | A2 | B1 | B2 | C1 | C2 |
| Click here and insert text. |  |  |  |  |  |  |

**PREVIOUS AND CURRENT STUDY**

|  |  |
| --- | --- |
| **Diploma/degree which you are currently studying for:** | Click here and insert text. |
| **Number of higher education completed study years prior to departure abroad:** | Click here and insert text. |
| **Have you already been studying abroad?** | Yes  No |
| **If YES, when, and where?** | Click here and insert text. |

|  |
| --- |
| **Send this application with enclosed documents:**   * Learning Agreement * Letter of Acceptance (from partner university) |
| **Deadlines:**  Winter semester / whole academic year – **May 31**  Summer semester – **October 31** |

|  |
| --- |
| Please fill in the form in the English language and return to:[**barbora.kolcavova@upol.cz**](mailto:barbora.kolcavova@upol.cz) |
| **Palacký University Olomouc**  **Office for Mobility**  **Křížkovského 8**  **779 00 Olomouc**  **Czech Republic** |

1. A description of the European Language Levels (CEFR) is available at <https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#footnote-ref-1)