****

**University of Veterinary Medicine and Pharmacy in Košice**  
Komenského 73, 04181 Košice, Slovak Republic  
 web: http://www.uvlf.sk

|  |
| --- |
| STUDENT'S APPLICATION FORM |

**Photo 3x3,5**

|  |  |
| --- | --- |
| **Type of the mobility** | **StudiesTraineeship** |
|  |  |

## STUDENT/ TRAINEE

|  |  |
| --- | --- |
| **Last name (s)** |  |
| **First name (s)** |  |
| **Sex** | Female Male |
| **Nationality** |  |
| **Date of birth** |  |
| **Place of birth** |  |
| **Permanent address** |  |
| **Correspondence address (If different from Permanent address)** |  |
| **Country** |  |
| **Phone** |  |
| **E-mail** |  |

### SENDING INSTITUTION

|  |  |
| --- | --- |
| **Official name** |  |
| **Official name (english version)** |  |
| **Address** |  |
| **Erasmus code of Home University** |  |
| **Field of education** | 0841: Veterinary 0916: Pharmacy |
| **Name of Erasmus coordinator** |  |
| **Phone** |  |
| **E-mail** |  |

### Academic Background

|  |  |
| --- | --- |
| **Current year of study** |  |
| **Study cycle** | Bc DVM. PhD.   Mgr. |
| **Field of education** | 0841: Veterinary  0916: Pharmacy |

### RECEIVING UNIVERSITY

|  |  |
| --- | --- |
| **Name** |  |
| **Faculty/Department** |  |
| **Address** |  |
| **Country** |  |
| **Erasmus code** |  |
| **Contact person name,**  **phone, e-mail** |  |
|  |

### RECEIVING ORGANISATION/ENTERPRISE

|  |  |
| --- | --- |
| **Name** |  |
| **Department** |  |
| **Address** |  |
| **Country, website** |  |
| **Contact person name, position**  **phone, e-mail** |  |

### Planned period of the mobility for studies

|  |
| --- |
| **Academic year**     **2021 - 2022** |
| All academic year (September - June) **from** [month/year] **till** [month/year] |
| Winter semester (September - January) **from** [month/year] **till** [month/year] |
| Summer semester (January - June) **from** [month/year] **till** [month/year] |

### Planned period of the mobility for traineeship

|  |
| --- |
| **Academic year**     **2021 - 2022** |
| **from** [month/year] **till** [month/year] |

### RESPONSIBLE PERSON AT THE SENDING INSTITUTION

|  |  |
| --- | --- |
| **Name of Institutional coordinator** |  |
| **Date:** |  |
| **Signature:** |  |

### Statement

|  |  |
| --- | --- |
| I agree with the use of my personal data for the purpose of the Academic Information System (AIS) at the UVMPh in Košice | |
|  |  |
| Date: | Student's Signature: |