



## University of Veterinary Medicine and Pharmacy in Košice

Komenského 73, 04181 Košice, Slovak Republic

web: <http://www.uvlf.sk>

### STUDENT'S APPLICATION FORM



Funded by  
the European Union

Photo 3x3,5

Type of the mobility	<input type="radio"/> Studies <input checked="" type="radio"/> Traineeship
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#### STUDENT/ TRAINEE

Last name (s)	<input type="text"/>
First name (s)	<input type="text"/>
Sex	<input checked="" type="radio"/> Female <input type="radio"/> Male
Nationality	<input type="text"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
Permanent address	<input type="text"/>
Correspondence address (If different from Permanent address)	<input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>

#### SENDING INSTITUTION

Official name	<input type="text" value="Univerzita veterinárskeho lekárstva a farmácie v Košiciach"/>
Official name (english version)	<input type="text" value="University of Veterinary Medicine and Pharmacy in Košice"/>
Address	<input type="text" value="Komenského 73"/>
Erasmus code of Home University	<input type="text" value="SK KOSICE01"/>
Field of education	<input type="radio"/> 0841: Veterinary <input type="radio"/> 0916: Pharmacy
Name of Erasmus coordinator	<input type="text" value="Dana Šmídtová, Mgr."/>
Phone	<input type="text" value="+421 917729834"/>
E-mail	<input type="text" value="dana.smidtova@uvlf.sk"/>

### Academic Background

Current year of study	<input type="text"/>
Study cycle	<input checked="" type="radio"/> Bc <input type="radio"/> DVM. <input type="radio"/> PhD. <input type="radio"/> Mgr.
Field of education	<input type="radio"/> 0841: Veterinary <input type="radio"/> 0916: Pharmacy

### RECEIVING UNIVERSITY

Name	<input type="text"/>
Faculty/Department	<input type="text"/>
Address	<input type="text"/>
Country	<input type="text"/>
Erasmus code	<input type="text"/>
Contact person name, phone, e-mail	<input type="text"/> <input type="text"/>

### RECEIVING ORGANISATION/ENTERPRISE

Name	<input type="text"/>
Department	<input type="text"/>
Address	<input type="text"/>
Country, website	<input type="text"/>
Contact person name, position phone, e-mail	<input type="text"/> <input type="text"/>

### Planned period of the mobility for studies

<b>Academic year</b>
<input type="radio"/> All academic year (September - June) <b>from</b> [month/year] <b>till</b> [month/year]
<input type="radio"/> Winter semester (September - January) <b>from</b> [month/year] <b>till</b> [month/year]
<input type="radio"/> Summer semester (January - June) <b>from</b> [month/year] <b>till</b> [month/year]

### Planned period of the mobility for traineeship

<b>Academic year</b>
<input type="radio"/> <b>from</b> [month/year] <b>till</b> [month/year]

## RESPONSIBLE PERSON AT THE SENDING INSTITUTION

<b>Name of Institutional coordinator</b>	<input type="text" value="Boris Vojtek, DVM, PhD."/>
<b>Date:</b>	<input type="text"/>
<b>Signature:</b>	

## Statement

<input checked="" type="checkbox"/> 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: