APPLICATION FORM

EXCHANGE STUDENTS

Photograph

# Academic Year: 2016/2017

## HOME INSTITUTION:

Name and full address:

Institutional coordinator - name, telephone and fax numbers, e-mail address:

Name: ……………………………………………

Tel:­­­…………………………….. Fax: ………………………………E-mail: ……………………………...

## INSTITUTION APPLYING TO:

Name and full address: **University of Physical Education, H-1123 Budapest, Alkotás u. 44.**

Institutional administrator for incoming students

Name: **dr. Emese Koós**

**Tel: +36-1-487-9200, Fax: +36-1-356-5966, E-mail:** erasmus@tf.hu

### PERSONAL DATA

|  |  |  |
| --- | --- | --- |
| Family name(s): | First name(s): | |
| Place (country, city) and Date of birth (Y/M/D/) | Nationality: | |
| Female Male | Mother’s maiden name: | |
| Correspondence address prior to stay: | | |
| Permanent address /if different/: | | |
| ID number: | | Phone: |
| E-mail: | | Emergency contact: |
| Special conditions Handicap(s)  Please specify: ………………………………...................................................................... | | |

### ACADEMIC DATA

|  |
| --- |
| Area of study at home university: |
| Duration of study course (years): |
| Present academic status (year of studies): |
| Date of enrollment to the home univesity (Y/M/D): | |
| Expected date of graduation: | |
| Expected graduation degree (Name, cycle): | |
| **Please list below the courses you have taken at your home university**  (including courses you plan on following before your stay at The University of Physical Education) /Please use separate sheet if necessary or simply attach the transcript or records/ | |
|  | |
| Work experience /if relevant/ | |

### LANGUAGE COMPETENCE

|  |
| --- |
| Mother tongue: Language of instruction at home institution /if different/: |
| Other languages: I am studying this language I have sufficient I would have sufficientv as part of my university knowledge to follow knowledge to follow  degree lectures lectures if I had some  extra preparation    -------------------------- Yes No Yes No Yes No  -------------------------- Yes No Yes No Yes No  -------------------------- Yes No Yes No Yes No |

### STUDY PLAN

|  |
| --- |
| Please describe your study plans at TF /Please use a separate sheet if necessary/ |

**Signature: Date:**

**--------------------------------- --------------------------**

*To be completed by the home university coordinator:*

I confirm that the above student has been selected for the exchange program by this university.

The study programme proposed by the student will be recognized as part of the students study programme at this university.

|  |  |
| --- | --- |
| Name | Tel: |
| Position: Institutional Erasmus Coordinator | Fax: |
| Department: | E-mail: |

**Signature: Date:**

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