**STUDENT MOBILITY FOR STUDIES**

***INFORMATION FOR FINANCIAL AND ADMINISTARTIVE PURPOSES***

ACADEMIC YEAR 20… /20…

FIELD OF STUDY: …………………

|  |  |
| --- | --- |
| **FIRST NAME:** | **SURNAME:** |
| **DATE OF BIRTH:** | **NATIONALITY:** |
| **SEX: M/F** | **PASSPORT/ID NUMBER:** |
| **PERMANENT RESIDENCE ADDRESS:** |
| **TELEPHONE:** | **E-MAIL ADDRESS:** |
|  |
| **HOME (SENDING) INSITUTION NAME:** |
| **COUNTRY:** | **ADDRESS:** |
| **FACULTY:** | **CURRENT STUDY CYCLE:****BACHELOR/ MASTER/ PHD\*** |
| **DEPARTMENT COORDINATOR – NAME:** | **EMAIL ADDRESS:** |
| **ERASMUS+ / INTERNATIONAL OFFICE CONTACT:** | **EMAIL ADDRESS:** |
|  |
| **PLANNED STUDY PERIOD:**  |
|  |
| **FACULTY AT HOST UNIVERSITY THAT YOU WISH TO STUDY AT:*** FACULTY OF CIVIL ENGINEERING AND ARCHITECTURE
* FACULTY OF MECHATRONICS AND MECHANICAL ENGINEERING
* FACULTY OF MANAGEMENT AND COMPUTER MODELLING
* FACULTY OF ELECTRICAL ENGINEERING, AUTOMATIC CONTROL AND COMPUTER SCIENCE
* FACULTY OF ENVIRONMENTAL, GEOMATIC AND ENERGY ENGINEERING
 |
| **BANK ACCOUNT DETAILS (WHERE THE FINANCIAL SUPPORT SHOULD BE PAID)** |
| **BANK ACCOUNT HOLDER** **(IF DIFFERENT THAN PARTICIPANT):**  |  |
| **BANK NAME:**  |  |
| **CLEARING/BIC/SWIFT NUMBER:**  |  |
| **ACCOUNT/IBAN NUMBER:** |  |

|  |
| --- |
| * *I hereby certify that the statements in this application form are correct and complete.*
* *I hereby consent to the processing of my personal data in accordance with the Act of August 29, 1997 on the protection of personal data [Journal of Laws 922 as amended]. for administrative and financial purposes for the period of my stay*
* *at the Kielce University of Technology until the settlement of the mobility.*
* *The administrator of personal data is:*

 *Kielce University of Technology represented by the Rector,* *Al. Tysiąclecia Państwa Polskiego 7, 25-314 Kielce..** *I hereby give/not give\* consent for use of personal data for the purposes of promotion and dissemination of the Erasmus+ project during and after my stay at Kielce University of Technology for the period of 5 years.*
 |
| **Place and date:** | **Signature of the participant:** |

*\* Choose as appropriate*