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 APPLICATION FORM FOR INCOMING ERASMUS STUDENTS

ACADEMIC YEAR 2021/2022

 ┌ ┐ Please fill in the application form in computer!

**The closing dates for applications for study are: PHOTO**

 ○ Winter Semester (Sep – Jan) - May 31st

 ○ Summer Semester (Feb – Jun) - January 10th

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 **STUDENT´ S PERSONAL DATA**

|  |  |
| --- | --- |
| SURNAME:  | FIRST NAME:  |
| DATE OF BIRTH: *(DD/MM/YYYY)* | GENDER: female male |
| Passport or ID number:  |  |
| PERMANENT ADDRESS:  |
| TELEPHONE:  | EMAIL:  |

|  |
| --- |
| NAME AND ADDRESS OF CONTACT PERSON:  |
| TELEPHONE:  | EMAIL:  |

 STUDY DETAILS

|  |  |
| --- | --- |
| HOME INSTITUTION: University of Tirana | ERASMUS CODE: n/a |
| ADDRESS: "Mother Teresa" Square, Rectorate, Tirana, Albania |
| FACULTY: ….. | DEPARTMENT: ….. |
| CURRENT STUDIES: ○ BA ○ MA ○ PhD | YEARS COMPLETED: ….. |
| MAJOR SUBJECT: ….. |
| Briefly state the reasons why you wish to study abroad. |

 KNOWLEDGE OF LANGUAGES

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| --- |
| POLISH: ○ no knowledge ○ some knowledge ○ quite good ○ very good ○ fluent  |
| ENGLISH: ○ no knowledge ○ some knowledge **○** quite good ○ very good ○ fluent |
| OTHER: ……………………… ○ some knowledge ○ quite good ○ very good ○ fluent |

**Do you apply for International Student Identity Card /ISIC/?**

  YESNO

 ACCOMMODATION

**If you want to apply for accommodation in our Academic Hotel, please fill in the form “Accommodation Form” on the website: http://wsksim.edu.pl/bwmim/erasmus-plus/for-incoming/accommodation/**

 LIST OF ENCLOSURES REQUIRED

 *Tick the box when the item has been attached to this application.*

|  |  |
| --- | --- |
| Curriculum Vitae |  |
| A photocopy of passport or ID card |  |
| A photocopy of European Health Insurance card  |  |
| A photocopy of travel insurance1 |  |
| Learning Agreement |  |
| Proof of English knowledge if you are following courses in English at B2 level |  |
| The official Transcript of Records |  |
| Two passport photographs of high quality |  |

*Address to which the documents should be sent to:*

**Wyższa Szkoła Cultury Spolecznej
i Medialnej**

**Biuro Współpracy Międzynarodowej**

 **ul. św. Józefa 23/35
87-100 Toruń**

I confirm that the information which I have given in this application is complete and true.

 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ERASMUS COORDINATOR AT HOME INSTITUTION

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| --- | --- |
| SURNAME: Dosti | FIRST NAME: Bernard |
| POSITION: Vice Rector / Erasmus+ Institutional Coordinator | EMAIL: bernard.dosti@unitir.edu.al iro@unitir.edu.al  |
| TELEPHONE: +355 4 22 50 166 | FAX: +355 4 22 23 981 |
| ADDRESS: "Mother Teresa" Square, Rectorate, Tirana, Albania |
| STAMP AND SIGNATURE: |

 RECEIVING INSTITUTION

|  |
| --- |
| We hereby acknowledge receipt of the application, the proposed Learning agreement and the candidate’s Transcript of records. |
| Departmental coordinator’s signature..............................................................................Date: .................................................................... | Institutional coordinator’s signature..........................................................................................Date :................................................................................ |

1 There is no health insurance coverage provided for students by either the clinical facilities or the WSKSiM. Students are expected to be personally responsible for treatment needed due to accidental injury or health risks. Students are strongly advised to purchase personal health insurance.