**Student Application Form**

Photo

This application should be completed digitally,
saved as PDF and sent to erasmus@ambis.cz

1. Student’s personal data

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Last name: |  |
| Date of birth: | *dd/mm/yyyy* | Place of birth: |  |
| Gender: |  | Nationality: |  |
| Contact address: |  | Permanent address: (if different) |  |
| Academic year: |  | Passport / ID number: |  |
| Email: |  | Phone: |  |
| I consent to the processing of personal data according to GDPR: <https://www.ambis.cz/gdpr> |   Yes: [ ]  No: [ ]  |

1. Sending institution

|  |  |
| --- | --- |
| Name: |  |
| Erasmus code: |  |
| Address: |  |
| Department coordinator | Name: |  |
| Email + phone: |  |
| Institutional coordinator | Name: |  |
| Email + phone: |  |

1. Previous and current studies

|  |  |
| --- | --- |
| Study cycle during Erasmus mobility (Bachelor’s / Master’s): |  |
| Number of higher education study years prior to departure abroad: |  |
| Study field: |  |
| High school (secondary school) name and country: |  |
| Year of high school graduation: |  |
| Briefly state your motivation for studying abroad:  |
| **The attached Transcript of records includes full details of previous and current higher education study.**  |

1. Receiving institution

|  |  |
| --- | --- |
| Name: | *Ambis University* |
| Erasmus code: | *CZ PRAHA11* |
| Coordinator (email, phone): | *erasmus@ambis.cz* */ + 420 777 468 135* |
| Address: | *Lindnerova 575/1, 180 00 Praha 8, Czech Republic* |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. |