# Application Form - Selection Procedure for Academic Year

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| Please tick off/complete:  **ERASMUS+ study stay**  **ERASMUS+ traineeship**  **ERASMUS+ traineeship for** **recent graduates** (absolventská stáž)  *I am applying for an extra ERASMUS+ grant for:*  **students with disabilities**  students from disadvantaged socio-economic background | **Freemover study stay**  **Freemover traineeship** |

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| **Name of the student:** | | **E-mail:**  **Personal TBU ID number:** | | |
| **Date and place of birth:** | | **Tel.:** | | |
| **Birth certificate number:** | | **Nationality:** | | |
| Permanent address: | | **Current address:** | | |
| Faculty:Current year of study:Degree course:Study average: | | **Language:**  **1.**  **2.**  **3.**  **4.** | **Level of proficiency:**  **excellent**  **good**  **basic**  **excellent  good  basic**  **excellent  good  basic**  **excellent  good  basic** | |
| **Study/Internship abroad carried out so far :**  **Erasmus Study stay  Acad.Year       HE Institution:        Erasmus Internship  Acad.Year       Institution/Company:        Freemover study stay  Acad.Year       HE Institution:        Freemover internship  Acad.Year       Institution/Company:**  **Activities of the student at the University** (Academic Senates, Student Union, Buddy System Zlín, awards, etc.)**:** | | | | |
| **Partner institution abroad:**  1.  2.  3. | | | **Country:**  1.  2.  3. |
| **Period of study:** Winter semester  Summer semester | | | |
| **I hereby confirm that this information is correct:**  **Date:**  **Student’s signature:** | | | |

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| **References given by the faculty –**  **recommend**  **do not recommend**  **Name of responsible person:**  **Date:** **Signature:** |

**This Application Form should be delivered to the responsible person at the relevant faculty:**