**APPLICATION FORM for STUDENT MOBILITY FOR STUDIES - SMS ERASMUS+**

**PERSONAL DATA:**

Name: Surname:

Phone: Email:

Date of birth: Address (home):

PESEL /ID or Passport No.: Nationality:

**EMERGENCY CONTACT PERSON in Poland:**

Name and Surname: Address:

Phone: Email:

**INFORMATION ABOUT YOUR STUDIES AT LUBLIN UNIVERSITY OF TECHNOLOGY:**

Faculty: Choose. Area/field:

Degree of studies: Choose. Year/Semester:

**PARTNER UNIVERSITY and duration of stay:**

University 1/ERASMUS code\*:

University 2/ERASMUS code\*:

University 3/ERASMUS code\*:

Planned term of stay/semester: winter semester / summer semester / whole year / short term blended mobility (BIP)\*\*

*\* provide the university's name and Erasmus code according to the information in the table on the OIE website: https://bkm.pollub.pl/en/about-us/interinstitutional-agreements*

*\*\* delete as appropriate*

**LANGUAGE COMPETENCE**

Language 1:\* Level:\* Choose.

Language 2: Level: Choose.

Language 3: Level: Choose..

\**Mandatory field (the minimum language proficiency level is intermediate)*

**PREVIOUS ERASMUS PROGRAMME PARTICIPATION:**

Have you already participated in Erasmus+, LLP-Erasmus, Erasmus Mundus, FSS at the same level of the studies?

Studies  Yes  No

Internships  Yes  No

If yes, enter academic year:

**INFORMATION ON FINANCIAL AID (STYPENDIUM SOCJALNE) / DISABILITY CERTIFICATE:**

**I hereby declare** that I Choose. a social scholarship at LUT on the day of the recruitment decision by the University (in accordance with the Study Regulations).

\*I undertake to provide OIE with a copy of the University's decision to grant a social scholarship immediately after receiving the decision. ☐

\*Applies to students who receive a social scholarship.

**I hereby declare** that I Choose. a disability certificate on the date of the recruitment decision by the University (in accordance with the Study Regulations).

\*\* I undertake to provide OIE with a copy of the above mentioned certificate available for inspection/decision by the University on granting the scholarship for people with disabilities immediately after receiving the decision. ☐

*\*\*Applies to students with a disability certificate.*

I hereby declare that the data provided in this form is true and complete. I undertake to provide updated personal data to OIE in the case of their change.

…………………………………… ……………………………………………………

Date Student’s signature

**WYPEŁNIA DZIEKANAT/FILLED IN BY THE FACULTY’S DEAN’S OFFICE**

**Imię i nazwisko studenta/Student’s name and surname:**

Forma studiów/ Form of studies: stacjonarne (full time)/ niestacjonarne (extramural)\*

Poziom studiów/ Level of studies: I / II / III stopnia\*

Rok i semestr studiów/ Studies year and semester: ………………………………………………………

Planowany termin ukończenia studiów/ Planned graduation date:…………………………...……………

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| --- |
|  |

Średnia ważona ocen za okres ustalony przez dziekana/ GPA:

…………………………………………...

Pieczątka i podpis pracownika dziekanatu/

Stamp and signature of the Dean’s Office Officer

*\* właściwą odpowiedź podkreślić/underline as appropriate*

**WYPEŁNIA KOORDYNATOR WYDZIAŁOWY/ FILLED IN BY THE FACULTY COORDINATOR:**

Decyzja o zakwalifikowaniu na wyjazd na studia w semestrze: **zimowym /letnim / na cały rok** akademicki\* 20…/20…

Decision to qualify for studies in: the **winter semester/ summer semester / for full academic year** \* 20 ... / 20 ...

Student/ka został/a wstępnie zakwalifikowany/a na wyjazd na studia do/ The student has been qualified to study under Erasmus programme in

………………………………………………………………………………………………………………………………..……….

Nazwa uczelni, kraj/ University, country

Student/ka został/a wstępnie zakwalifikowany/a na listę rezerwową/ Student has been qualified on reserve list of candidates

Student/ka nie został/a zakwalifikowany/a na wyjazd na studia (uwagi) / Student hasn’t been qualified to study under Erasmus programme

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\**niepotrzebne skreślić/delete as appropriate*

……………………… ………………………………………………………………..

Data/ Date Pieczątka i podpis koordynatora wydziałowego ds.

wymiany międzynarodowej /Stamp and signature

of the Faculty Coordinator

**Statement on Sharing and Processing of Personal Image Related to the International Exchange**

**I hereby give/not give\*** consent for my personal image to be processed by the Office of International Education (OIE) under par. 81 art. 1 of the Data Protection and Related Rights Act of 04.02.1994 [Journal of Laws of 2017, item 880] – including photographs, films, multimedia presentations and mobility reports to be used for the purposes of promotion and dissemination of the projects carried out by OIE.

The consent includes using, recording, processing, copying, archiving, public sharing, as well as creating, storing and using data backup which are published by means of any media, in printed or electronic form (Internet). The consent is expressed for an unlimited period, free of charge and without any subjective or objective limitations.

I hereby declare that photographs, films, multimedia presentations were prepared by me, I have all the rights and consents of people visible in the photographs for the publication of their image.

**Statement on the Personal Data Processing**

I hereby **give/not give**\* consent for my personal data to be processed by the administrator of personal data which is Lublin University of Technology (LUT), Nadbystrzycka 38D, 20-618 Lublin, for the purposes of qualification process for outgoing exchange mobility of students. Pursuant to the art. 13, par. 1 and 2 of the European Parliament and the Council Order 2016/679 of 27 April 2016 on personal data protection and free data movement, repealing the 95/46/WE Directive (general data protection act) (Dz. U. [EU Journal of Laws] L 119 of 04.05.2016, p. 1), hereinafter referred to as RODO and Personal Data Protection Act of 9 May 2018 (Dz. U. [Journal of Laws] of 2018 item 1000 as amended), I hereby inform about the following:

In the event of outgoing mobility on the basis of the positive decision of the receiving institution to which I apply for studies,

I hereby **agree/not agree\*** for my personal data to be processed for the purposes of administrative and financial process in the period of my mobility, until fully settling the mobility.

I hereby **give/not give\*** consent to receive commercial and marketing messages by electronic mail, as specified in the 18 July 2002 Act on Rendering Electronic Services (Dz. U. [Journal of Laws] of 2013 r. item 1422), with marketing content from LUT for the purposes of administrative and financial process in the period of my mobility, until fully settling the mobility.

I hereby **give/not give\*** consent for LUT to use telecommunication appliances and automatic systems for direct marketing for the purposes of administrative and financial process in the period of my mobility, until fully settling the mobility, on the basis of the 16 July 2014 Act – Telecommunication Law (that is [Journal of Laws] of item 243).

I hereby declare to give the PDPA statement to the contact person indicated in the Application Form.

Tomasz Joński is the Data Protection Officer at Lublin University of Technology, email: t.jonski@pollub.pl

You have the right to access your personal data and to correct, delete, limit, process your personal data as well as the right to data portability. You have the right to withhold your consent at any time with no effect on the lawfulness of data processing.

Should you consider your personal data being processed in violation with the Personal Data Protection Act of 27 April 2016, you have the right to lodge a complaint according to the PDPA. Collecting and processing your personal data is the condition of concluding the Learning Agreement between you and Lublin University of Technology.

Providing your personal data is a condition for concluding and signing the financial agreement with Lublin University of Technology for exchange studies abroad.

…………………………………………………………………..

student’s siganture

*\*underline*