|  |  |
| --- | --- |
| **Last name** |  |
| **First name(s)** |  |
| **Gender** |  |
| **Date and place of birth** |  |
| **Citizenship** |  |
| **Number and type of identification document;**  **issuing organization** |  |
| **Permanent address** | ..................................................................... ………………………………...........................  *street address, apartment number city, postal code, country*  ................................................................. .......................................................................... |
| **Contact address** | ..............................................................……………….. …. ..................................................  *street address, apartment number city, postal code, country*  .............................................................................................................................................  *(country code) phone number e-mail* |
| **Home University**  **- contacts** | Name of the University:  Erasmus Code:  Faculty:  Study programme / year / level at home institution:  Contact person at the home institution (title, name, e-mail, phone): |

**Application**

**for incoming Erasmus+ exchange students to**

**the Maria Grzegorzewska University,**

**ul. Szczesliwicka 40, 02-353 Warsaw, Poland**

**PL WARSZAW04**

|  |  |
| --- | --- |
| **Period of stay at the Maria Grzegorzewska University** | From: To: |
| Subjects of special interest |  |
| Aims and objectives |  |
| Dormitory | **YES NO** |
| Other relevant information |  |

I confirm that I agree that the information above may be released to members of the staff involved in the international programme I will attend at the Maria Grzegorzewska University.

Signed: …… ……………………… Date: ………………………………

Please send this signed document **by May 31/October 31, 2018**

by e-mail to Erasmus+ Coordinator Antonina Adamowicz-Hummel

[antonina@hummel.it.pl](mailto:antonina@hummel.it.pl)

<http://www.aps.edu.pl/erasmus>