

## ŽILINSKÁ UNIVERZITA (University of Žilina)

### Faculty of Management Science and Informatics

### Foreign Relations Office

## Univerzitná 1, 010 26 Žilina, Slovakia

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**(Photo)**

# STUDENT APPLICATION FORM

**ACADEMIC YEAR:** ..............................................................................................

**FIELD OF STUDY:** ..............................................................................................

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| **SENDING INSTITUTION**  Name and full address: ............................................................................................................................  ..............................................................................................................................................................  Department coordinator - name, telephone and fax numbers, e-mail............................................................  ..............................................................................................................................................................  ..............................................................................................................................................................  Institutional coordinator - name, telephone and fax numbers, e-mail box.....................................................  ............................................................................................................................................................................................................................................................................................................................ |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

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| --- | --- |
| Family name: ..................................................  Date of birth: ...................................................  Sex: ............ Nationality: .................................  Place of Birth: .................................................  Current address: ..............................................  ........................................................................  ........................................................................  ........................................................................  Current address is valid until: ...........................  Tel.: ................................................................  E-mail: ............................................................ | First name (s): ..........................................................  Permanent address (if different): ..............................  ...................................................................................  ......................................................................................................................................................................  Tel.: ..........................................................................  E-mail: ......................................................................  Passport number: ...................................................... |

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| Briefly state the reasons why you wish to study abroad?  .............................................................................................................................................................. ..............................................................................................................................................................  ..............................................................................................................................................................  ..............................................................................................................................................................  ..............................................................................................................................................................  .............................................................................................................................................................. |

**LANGUAGE COMPETENCE**

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| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue: .................. Language of instruction at home institution (if different): ............................... | | | | | | |
| Other languages | I am currently studying this language | | I have sufficient knowledge to follow lectures | | I would have sufficient knowledge to follow lectures if I had some extra preparation | |
|  | yes | no | yes | no | yes | no |
| .............................................................................. | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |

**WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of work experience  ...................................................................................... | Firm/organisation  .................................................................................. | Dates  .................................................... | Country  ........................................................................ |

**PREVIOUS AND CURRENT STUDY**

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| --- |
| Diploma/degree for which you are currently studying: ..............................................................................  Number of higher education study years prior to departure abroad: ............................................................  Have you already been studying abroad? Yes 🞏 No 🞏  If Yes, when? At which institution? ........................................................................................................  **The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will provided be at a later stage.** |

**ACCOMMODATION APPLICATION**

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| Do you wish to book a room at the Student Hostel of the University of Žilina?  Yes 🞏 No 🞏  Date of arrival: ..................................................... Date of departure: ....................................................  Date: ................................................................... Signature: ............................................................... |

|  |  |
| --- | --- |
| **RECEIVING INSTITUTION** | |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. | |
| The above-mentioned student is 🞏  🞏  Departmental coordinator’s signature  ........................................................................  Date: ............................................................... | provisionally accepted at our institution  not accepted at our institution  Institutional coordinator’s signature  ...................................................................................  Date: .......................................................................... |