

## 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)*

|  |  |
| --- | --- |
| 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)**

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| --- | --- | --- | --- |
| 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: ............................................................... |

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| **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 institutionnot accepted at our institutionInstitutional coordinator’s signature...................................................................................Date: .......................................................................... |