



APPLICATION FORM for Student Mobility
ERASMUS +
(please fill out the form legibly)

Józef Gołuchowski University of Applied Sciences ul. Akademicka 12, 27-400 Ostrowiec Świętokrzyski	PL OSTROWI01
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Name and Surname of Visiting Person				
Date of Birth		Sex	F	M
Nationality				
Address Phone number/ email				
Field of education Academic experience				
Agreed period of staying at Józef Gołuchowski University of Applied Sciences				
Language of communication				
Date of submission				

Name of Sending University/ Institution	
Address of Sending University/ Institution phone number, email	
Erasmus Code of Sending University/ Institution (if applicable)	

<i>Departure (from place, country)</i>	<i>To (place , country)</i>	<i>Date</i>
<i>Return (from place, country)</i>	<i>Final destination To (place , country)</i>	<i>Date</i>

I am asking for advance payment:	<i>In currency PLN/ EURO</i>
a) at the office cash register	
b) on the bank account	
The name and swift code of the bank, Name and surname of the account owner, account number:	

I use the advance payment for the Erasmus scholarship to finance costs resulting from the implementation of an Student Mobility at a partner university.

I declare that I have insurance of medical expenses and accident insurance for the duration of the mobility.

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Signature of Visiting Person

I agree to the arrival of the above mentioned student for training under Student Mobility to Józef Gołuchowski University of Applied Sciences in Ostrowiec Świętokrzyski

.....
Date

.....
Signature of Responsible Person at ANSG

To be completed by the Erasmus + Coordinator

	Amount of days/km	Amount	Currency
Advance payment for the Erasmus scholarship in the form of a lump sum			
Co-financing travel costs according to the distance calculator			
According to Erasmus+ tariff	Total amount		
<i>Contract number from which the arrival takes place</i>			

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Quaestor of ANSG

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Erasmus +Coordinator