



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

|   |                     |
|---|---------------------|
| <b>Józef Goluchowski University of Applied Sciences</b><br>ul. Akademicka 12,<br>27-400 Ostrowiec Świętokrzyski | <b>PL OSTROWI01</b> |
|---|---------------------|

|   |  |            |          |
|---|--|------------|----------|
| <b>Name and Surname<br/>of Visiting Person</b>  |  |            |          |
| <b>Date of Birth</b>  |  | <b>Sex</b> | <b>F</b> |
| <b>Nationality</b>  |  |            |          |
| <b>Address</b><br><b>Phone number/ email</b>  |  |            |          |
| <b>Field of education</b><br><b>Academic experience</b>                                     |  |            |          |
| <b>Agreed period of staying at Józef<br/>Goluchowski University of<br/>Applied Sciences</b> |  |            |          |
| <b>Language of communication</b>  |  |            |          |
| <b>Date of submisiion</b>   |  |            |          |

|  |  |
|--|--|
| <b>Name of Sending University/ Institution</b>                             |  |
| <b>Address of Sending University/ Institution<br/>phone number, email</b>  |  |
| <b>Erasmus Code of Sending University/ Institution<br/>(if applicable)</b> |  |

|  |   |             |
|--|---|-------------|
| <b>Departure (from place,<br/>country)</b> | <b>To (place , country)</b>                       | <b>Date</b> |
|  |   |             |
| <b>Return (from place,<br/>country)</b>    | <b>Final destination<br/>To (place , country)</b> | <b>Date</b> |
|  |   |             |

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

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.

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

.....  
*Quaestor of ANSG*

.....  
*Erasmus +Coordinator*