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|  | **UNIVERSITY OF LIFE SCIENCES IN LUBLIN**  ***UNIWERSYTET PRZYRODNICZY W LUBLINIE***  **APPLICATION FORM**  **Incoming Erasmus Students**  **ACACEMIC YEAR 2023 - 2024** | C:\Users\up\Downloads\logo_ang_400.jpg |

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| **Deadlines:**  **Winter** semester and **Full academic year**:  **Summer** semester: | Application deadline: **15st June**  Application deadline: **15st November** |

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| Please **TYPE** in order to be easily copied or faxed. Hand-written forms will not be accepted. | | **PHOTO** |
|  | |
| **PERSONAL INFORMATION** | |
| Family name |  |
| Name(s) |  |
| Date of birth  *(DD-MM-YYYY)* |  |
| Place of birth |  |

|  |  |
| --- | --- |
| Gender | Male  Female |
| Marital status | single  married |
| Father’s full name |  |
| Mother’s name |  |
| Mother’s maiden name |  |
| E-mail address |  |
| Permanent address | |
| Streetand number |  |
| Zip code |  |
| Town*,* Country |  |
| Telephone No. *(+ area code)* |  |
| Current address (if different than above) | |
| Valid until  *(DD-MM-YYYY)* | /     /. |
| Street and number |  |
| Zip code |  |
| Town |  |
| Country |  |
| Nationality |  |
| Citizenship |  |
| ID or Passport number |  |
| Contact person in case of emergency (name, address, phone) |  |

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| Full Name |  |
| Erasmus ID code |  |
| Postal Address |  |
| **Erasmus Coordinator** | |
| Name |  |
| Postal address |  |
| E-mail address |  |
| Phone number (incl. country and area code) |  |
| Date |  |
| Signature and stamp of above |  |

**PREVIOUS AND CURRENT STUDY AT SENDING UNIVERSITY**

|  |  |
| --- | --- |
| Faculty |  |
| Field of study |  |
| Level of study (current) | BA  MA  one-cycle Master’s degree programme)  PhD |
| Year of study at sending institution | Number of higher education study years completed |

**LANGUAGES**

|  |  |
| --- | --- |
| Native language | ……… |
| Language of instruction at sending institution (if different) ……… | |
| **ENGLISH**  OTHER 1  OTHER 2 | *A1*  *A2*  *B1*  **B2**   **C1**  **C2**  **native**  A1  A2  B1  B2  C1  C2  native  A1  A2  B1  B2  C1  C2  native  (A1-beginner, A2-elementary, B1-intermediate, B2-upper-intermediate,  C1-advanced, C2-proficiency) |

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| **Briefly state the reason why you wish to study at the University of Life Sciences in Lublin***.* |
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**STUDY PERIOD**

|  |  |
| --- | --- |
| Planned study period | 1st semester (winter)  2nd semester (summer)  whole academic year |

**CHECKLIST ! IMPORTANT !**

|  |  |
| --- | --- |
| Please return 2 original copies of this **Application Form** with the following documents: | Bring these documents for registration at host university: |
| **Forms NECESSARY for acceptance:**  Learning Agreement  Transcript of Records  Certificate proving sufficient knowledge of  English (B1 level or adequate)  a photocopy of your ID or your passport  (in case of non-EU citizens)  Accommodation Form  (if you wish to be accommodated at university  students’ dormitories) | **Additional documents for nominated students:**  A photocopy of European Health Insurance Card (EHIC) or another document proving the insurance  A photocopy of accident insurance  Statement of the Erasmus status  Confirmation that you have received a grant  1 passport photograph  Visa (in necessary) |
| **Notice:**  All forms **must be TYPED**. Handwritten forms will not be accepted.  Remember to sign the forms and get them signed by your university on the second page. | |

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| **Please send the documents back to:**  **University of Life Sciences in Lublin, International Exchange Office,**  **Akademicka 15, 20-950 Lublin, Poland; Tel.: +48 (0) 81 445 65 38**  **e-mail: anna.tuszewska@up.lublin.pl** |

|  |  |
| --- | --- |
| I hereby declare that the above mentioned data is correct. | |
| Place, date | Student’s signature |

**TO BE FILLED IN BY HOST UNIVERSITY**

|  |  |  |
| --- | --- | --- |
| **ACCEPTANCE at the University of Life Sciences in Lublin** *(Erasmus code: PL\_LUBLIN04)*  The above mentioned student is: 🞏 **accepted** at our institution  🞏 **not accepted** at our institution | | |
| You will be registered at  Faculty*:* ………………………………………………………………………….………………………..  For the period from: ……………………..…………….. to: ………..………………………………. | | |
|  | Faculty coordinator | Institutional coordinator |
| Name |  | ***Izabela Wolska, MA*** |
| Signature |  |  |
| Date |  |  |

**CONSENT TO THE PROCESSING OF PERSONAL DATA  
PARTICIPANT OF THE ERASMUS + PROGRAMME –** must be signed separately

|  |  |
| --- | --- |
| Family name\* |  |
| Name(s)\* |  |
| Date of birth\* |  |
| Place of birth\* |  |

In accordance with art. 13 paragraph 1 and 2 of Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data (GDPR), I inform you that:  
• The administrator of your personal data is the University of Life Sciences in Lublin,

ul. Akademicka 13, 20-950 Lublin  
• Contact to the Data Protection Officer at the University of Life Sciences in Lublin:

anna.buchlinska@up.lublin.pl, ul. Akademicka 13, 20-950 Lublin, phone number: 81-445-60-12  
• Your data will be used for the purposes of recruitment and implementation of the Erasmus +

programme, its reporting and control as well as promotion, dissemination of results and preparation

of statistical reports.  
• Your personal data will be processed on the basis of art. 6 clause 1 point a, b. C GDPR

for purposes related to the implementation of the contract,  
• The recipients of your personal data may be external entities dealing with IT or legal support of the

administrator, control institutions authorized to verify the correctness of programme implementation

and external entities dealing with the handling of the Erasmus + programme on behalf of

the European Commission.  
• Your data will be used for the recruitment and implementation of the Erasmus + study and/or

internship programme, its reporting and control as well as for the promotion, dissemination of results

and preparation of statistical reports.  
• Providing data is voluntary, but necessary to achieve the purposes for which they were collected.  
• Your personal data will be stored for the period necessary to implement the above. purposes and

archival and statistical obligations of the Administrator.  
• You have the right to access your data and the right to rectify, delete, limit processing, the right to

transfer data, the right to raise objections, the right to withdraw consent at any time without affecting

the lawfulness of processing based on consent before its withdrawal.  
• If you think that the processing of the above personal data by the Administrator violates the

provisions of the General Regulation on the protection of personal data of 27 April 2016, you have

the right to lodge a complaint to the President of the Office for Personal Data Protection.

* I consent to the processing of my personal data contained in the application form and documents submitted by me for participation in the Erasmus + programme, by the University of Life Sciences in Lublin, ul. Akademicka 13, 20-950 Lublin and I declare that providing my personal data is voluntary and that I have been informed about the right to request access to my personal data, rectify it, delete it or limit its processing.
* I agree to the processing of my personal data in the form of an image  
  in order to promote and disseminate the results of the Erasmus + programme, by the University of Life Sciences in Lublin, ul. Akademicka 13, 20-950 Lublin and I declare that providing my personal data in the form of an image is voluntary and that I have been informed about the right to request access to my personal data, rectify it, delete it or limit its processing.

………………….………………………………………………….

Date and signature of the participant of the ERASMUS + programme