# Application Form - Selection Procedure for Academic Year

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| Please tick off/complete: **ERASMUS+ study stay** [ ] **ERASMUS+ traineeship** [ ]  **ERASMUS+ traineeship for** **recent graduates** (absolventská stáž) [ ] *I am applying for an extra ERASMUS+ grant for:***students with disabilities** [ ] students from disadvantaged socio-economic background [ ]  | **Freemover study stay [ ]** **Freemover traineeship** [ ]  |

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| **Name of the student:**  | **E-mail:****Personal TBU ID number:** |
| **Date and place of birth:** | **Tel.:**  |
| **Birth certificate number:**  | **Nationality:**  |
| Permanent address: | **Current address:** |
| Faculty: Current year of study: Degree course:      Study average:       | **Language:****1.****2.****3.****4.** | **Level of proficiency:****[ ]  excellent** **[ ]  good** **[ ]  basic****[ ]  excellent [ ]  good [ ]  basic****[ ]  excellent [ ]  good [ ]  basic****[ ]  excellent [ ]  good [ ]  basic** |
| **Study/Internship abroad carried out so far :** **Erasmus Study stay [ ]  Acad.Year       HE Institution:       Erasmus Internship [ ]  Acad.Year       Institution/Company:       Freemover study stay [ ]  Acad.Year       HE Institution:       Freemover internship [ ]  Acad.Year       Institution/Company:** **Activities of the student at the University** (Academic Senates, Student Union, Buddy System Zlín, awards, etc.)**:**  |
| **Partner institution abroad:**1.     2.     3.      | **Country:**1.     2.     3.      |
| **Period of study:** Winter semester [ ]  Summer semester [ ]   |
| **I hereby confirm that this information is correct:****Date:**  **Student’s signature:** |

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| **References given by the faculty –** **[ ]  recommend** **[ ]  do not recommend****Name of responsible person:** **Date:** **Signature:** |

**This Application Form should be delivered to the responsible person at the relevant faculty:**