

UNIVERSITY OF KRAGUJEVAC



STUDENT APPLICATION FORM

for student exchange within Erasmus+ KA1 program

NAME AND SURNAME:			
DATE AND PLACE OF BIRTH:			
CITIZENSHIP:			
PASSPORT NUMBER AND VALIDITY:			
CURRENT ADDRESS:			
PERMANENT ADDRESS (if different):			
TELEPHONE AND MOBILE PHONE:			
E-MAIL:			
SEX:	М	F	
HAVE YOU ALREADY BEEN STUDYING ABROAD? If yes, when, through which program and at which university?			
HOME UNIVERSIT	Y: UNIVERSITY OF KRA	GUJEVAC	
HOME FACULTY:			
DEPARTMENT AND STUDY PROGRAMME:			
LEVEL OF STUDY: (Bachelor, Master, PhD)			
CURRENT YEAR OF STUDIES:			
GRADE POINT AVERAGE:			
HOST UNIVERSITY:			
HOST FACULTY:			
STUDY PROGRAMME:			
ACADEMIC YEAR of your mobility:			
MOBILITY SEMESTER: (WINTER / SPRING / WHOLE YEAR)			
MOBILITY DURATION IN MONTHS:			



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Motivation: Briefly current and/or fut			study abroad? How w	ould this mobility be	nefit to your
<u>Co</u>	How would you des	scribe your foreign	E(S) COMPETENCES language competence ince for Languages (A1, A	n terms of the	
		Self-assessme	nt of language skills		
	Understanding		Speaking		Writing
Language	Listening	Reading	Spoken interaction	Spoken production	Writing
	obtaining Erasmus+	scholarship and th		/ knowledge and that I in the past from an Eras	
Signature:					
Place and date:					