

APPLICATION FORM STUDY ABROAD

Application for an Erasmus+ or PROMOS Funding

For the academic term: _____

1. choice partner university: _____

2. choice partner university: _____

Surname: _____ Name: _____ Sex: m f d

Date of birth: _____ Place of birth: _____

Citizenship: _____ Student no.: _____

Contact Data

Street: _____

City: _____ Country: _____

E-mail: _____ Phone: _____

Bank Account

Bank's name: _____

IBAN: _____ BIC: _____

Study program at IPU: _____

Level of studies at IPU: BA MA Current study semester: _____

Where did you receive your high school degree: _____

Have you ever received an Erasmus+/PROMOS funding: yes no

If yes, when and for how long: _____

(Place, Date)

(Signature)