

UNIVERSITY OF PÉCS, FACULTY OF HEALTH SCIENCES

APPLICATION FORM FOR ERASMUS SCHOLARSHIP

NAME:			
PLACE AND DATE OF BIRTH:			
EHA CODE:			
ADDRESS (in Hungary):			
E-MAIL:			
MOBILE NUMBER:			
MAJOR:			
CURRENT COURSE YEAR, COURSE LEVEL (BSc, MSc, PhD):			
LANGUAGE KNOWLEDGE:			
ENGLISH:	BASIC	MIDDLE	ADVANCED
GERMAN:	BASIC	MIDDLE	ADVANCED
OTHER:	BASIC	MIDDLE	ADVANCED
DO YOU POSSESS A LANGUAGE EXAM?: (if yes: which language; name and result of the exam)			
NAME OF THE CHOSEN PARTNER INSTITUTION (list in order of preference):			
1.			
2.			
3.			
TYPE OF ERASMUS SCHOLARSHIP YOU APPLY FOR:			
STUDY MOBILITY		TRAINEESHIP	
SEMESTER IN WHICH YOU WOULD LIKE TO COMPLETE THE MOBILITY:			
2016/2017 I. semester		2016/2017 II. semester	

<p>AVERAGE GRADE OF THE LAST TWO SEMESTER (based on the Neptun form):</p> <p>1. 2014/2015. II. semester:</p> <p>2. 2015/2016. I. semester:</p>
<p>PREVIOUS SCIENTIFIC ACTIVITIES:</p>
<p>PREVIOUS SOCIAL ACTIVITIES:</p>
<p>PREVIOUS PRACTICAL EXPERIENCES AT THE CHOSEN FIELD:</p>
<p>MOTIVATION TO APPLY FOR THE ERASMUS SCHOLARSHIP: (Please explain in a few sentences why you apply for the program, what your expectations are, and how you plan to use the knowledge you'll gain during Erasmus.)</p>
<p>HAVE YOU PARTICIPATED IN ERASMUS MOBILITY BEFORE? (If more than once, please list all)</p> <p>YES – NO</p>
<p>If yes, which semester?</p>
<p>If yes, how many months of grant did you receive?</p>
<p>If yes, to which university?</p>

Date:

Signature::

DOCUMENTS TO ATTACH:

1. Reference letter from the department of your major
2. Neptun certificate of the study results from the last two semesters
3. Photo