



APPLICATION FORM – enrolment 2025

**MOBILITY FOR STUDIES
 during academic year 2025/2026**

| | | | | | |
|--|--|------------------------|---------------------|--------------|---|
| Surname | | Name/Names | | Album number | |
| Date of birth | | Phone number in Poland | Phone number abroad | Faculty | Year |
| Address of residence | | | E-mail address | | Nationality* *Country to which the person belongs administratively and that issues the ID card and/or passport |
| Higher education institution towards which the mobility is planned (<i>please provide the full name of the university</i>)/Country : | | | | | |
| Second choice - Higher education institution towards which the mobility is planned (please provide the full name of the university)/Country : | | | | | |
| Planned duration of the mobility (<i>choose only one option by putting X in place of <input type="checkbox"/></i>): | | | | | |
| <input type="checkbox"/> one year <input type="checkbox"/> winter semester <input type="checkbox"/> summer semester | | | | | |
| Language certificate at the level of proficiency required by the chosen receiving higher education institution (<i>tick chosen answer</i>) | | | | | |
| <input type="checkbox"/> I have a certificate* <input type="checkbox"/> I have carried out Erasmus+ mobility before and passed a language exam at PUM at the level required (within last 5 years of studies) <input type="checkbox"/> I have carried out Erasmus+ mobility before and gained OLS test result at the level required (within last 5 years of studies) <input type="checkbox"/> The language required by the receiving institution is my native language <input type="checkbox"/> None of the above** | | | | | |
| * please attach language certificate (original) | | | | | |
| ** you shall take language exam at PUM | | | | | |
| Average of grades (<i>to be filled in by the Dean's Office</i>) | | | | | |
| Seal and signature: | | | | Date: | |
| Have you gained any achievements in the form of: | | | | | |
| -publication of a scientific article (individually or as a collective work) in a peer-reviewed journal with IF, MNiSW scores, or in a peer-reviewed journal without IF or with MNiSW scores; the actual date of publication in the journal reported to the PUM Library (and not the date of acceptance for publication) is considered as publication of the work, | | | | | |
| <input type="checkbox"/> Yes* <input type="checkbox"/> No | | | | | |
| -active participation in a national or international congress / conference / symposium / congress / science Olympiad / scientific competition symposium of student organizations, medical universities, STN or scientific societies / proved by: poster, abstract, award, honorable mention, etc. | | | | | |
| <input type="checkbox"/> Yes* <input type="checkbox"/> No | | | | | |
| -obtaining a domestic or foreign research grant funded by external sources, winning a national or international award for scholarly achievement; | | | | | |
| <input type="checkbox"/> Yes* <input type="checkbox"/> No | | | | | |
| * please enclose documents certifying abovementioned achievements (original) | | | | | |
| Have you participated in LLP-ERASMUS /ERASMUS+ Programme before? (<i>tick chosen answer</i>) | | | | | |
| <input type="checkbox"/> Yes* <input type="checkbox"/> No | | | | | |
| * if yes, please provide the number of months of the earlier mobility activities: | | | | | |
| The person submitting the Application is required to get acquainted with information clause. More information about personal data : https://webgate.ec.europa.eu/erasmus-esc/index/privacy-statement . | | | | | |
| Signature : | | | | Date: | |