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| ***Application for study abroad / practical traineeship*** *under the* ***Erasmus +*** *programme* *academic year* ***2022/2023****Please, complete, sign and submit* ***by 27 February 2022*** *to the Department for Foreign Affairs, Mrs Dana Basařová, email:* *dana.basarova@lfmotol.cuni.cz**.* |  |  |
| **Surname:** |   |  |  |
| **First name (s):** |   |  |  |
| Date of birth: |   |  |  |
| **Email:** |   |  |  |
| Mobile: |  |  |  |
| Year of study: |   |  |  |
| Date of your enrolment to 2.LF:  |  |  |  |
| **Grade average** for all completed academic years of your study: |  |  |  |
| Knowledge of languages:Apart from English  |   |  |  |
| Involvement in student life, internships abroad, etc. |  |  |  |
| **Required universities / institution:** (maximum 3, listed without priority) |  |  |  |
| 1. |  |  |  |
| Type of stay (study or traineeship) and dates / term(s) when you are planning to be on Erasmus:  |  |  |  |
| 2. |  |  |  |
| Type of stay (study or traineeship) and dates / term(s) when you are planning to be on Erasmus: |  |  |  |
| 3**.** |  |  |  |
| Type of stay (study or traineeship) and dates / term(s) when you are planning to be on Erasmus: |  |  |  |
|  |  |  |  |

**List of Attachments** – as a part of my application I submit:

Language certificate (*specify)*

**Study plan** and / or description of practical traineeship

Letter of Acceptance for practical traineeship / consent of foreign institution

CV

Documents on Extracurricular activities during my study at Second Faculty of Medicine (please, *list here all documents / certificates you are submitting)*

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| Date: | Signature: |
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