

RECEIVING INSTITUTION: UNIVERSITY OF MISKOLC (HU MISKOLC01)

COUNTRY: HUNGARY



EXCHANGE PROGRAMME:  ERASMUS

(Please tick and attach a photo)  CEEPUS

## APPLICATION FORM AND LEARNING AGREEMENT

ACADEMIC YEAR: .....

SEMESTER: .....

### I. PERSONAL DATA:

NAME OF STUDENT: .....  Male  Female

NATIONALITY: .....

PLACE AND DATE OF BIRTH: .....

SENDING INSTITUTION: .....

COUNTRY: .....

YEAR OF STUDIES AT THE HOME INSTITUTION: .....

DEGREE TO BE OBTAINED AT THE END OF YOUR STUDIES:

Bachelor  Master  PhD  Other (.....)

ADDRESS FOR CORRESPONDENCE: .....

.....

TEL: ..... FAX: ..... E-MAIL: .....

### II. STUDIES AND LANGUAGE SKILLS

DURATION OF THE STUDY PERIOD ABROAD:

from..... to .....  
*day/month/year day/month/year*

MOTHER TONGUE: .....

OTHER LANGUAGE COMPETENCE:

READING WRITING SPEAKING

.....

.....

*1 - weak 2 - sufficient 3 - good 4 - fluent*

### III. ACCOMMODATION

The International Office tries to arrange accommodation in double rooms (or 4-bedded rooms if double rooms are not available) in the students halls of residence. As the number of places is limited, early applications will get priority. The International Office will keep you informed about accommodation.

**IV. DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD:**

- I would like to take some courses.

Courses to be taken at the host institution	Faculty at the host institution	ECTS credits

List of subjects is available in the ECTS Guide at

<http://meph.iit.uni-miskolc.hu>

- I would like to do project work (degree thesis) without taking any courses.  
*Please attach a short description of your project.*

**I fully understand and accept the conditions of my staying abroad as described above.**

**Student's signature:..... Date: .....**

**SENDING INSTITUTION**

**We confirm that this proposed programme of study/learning agreement is approved.**

**Departmental coordinator's name:    signature and seal:**

.....  
Date: .....

**Institutional coordinator's name:    signature and seal:**

.....  
Date: .....

**RECEIVING INSTITUTION**

**We confirm that this proposed programme of study/learning agreement is approved.**

**Faculty ECTS coordinator's name:    signature and seal:**

.....  
Date: .....

**Institutional coordinator's name:    signature and seal:**

.....  
Date: .....

**PLEASE RETURN IT TO THE INTERNATIONAL OFFICE**  
**Edit Szóke, European Programmes Officer**  
**H-3515 Miskolc – Egyetemváros, Hungary**  
**Tel: +36 46 565111/ext. 22-76 Fax: +36 46 365174 E-mail: [rekszoke@uni-miskolc.hu](mailto:rekszoke@uni-miskolc.hu)**