



SOCRATES/ERASMUS
STUDENT APPLICATION FORM

PL BIALYST06

ACADEMIC YEAR

(photo)

Student's personal data

Family name: _____ First name: _____
Date of birth: _____ Place of birth: _____
Sex: _____ Nationality: _____
Current Address (valid until: _____)
Street No.: _____
Postal Code: _____ City: _____
Country: _____ Tel.: _____
Permanent Address (if different)
Street No.: _____
Postal Code: _____ City: _____
Country: _____ Tel.: _____
e-mail: _____ Mobile Tel. (GSM): _____

Sending Institution

Name of your university/school: _____
Field of study: _____ Year of study: _____
Institutional Erasmus code: _____ City: _____
Institutional Socrates / Erasmus Coordinator
Name: _____
Address: _____
Tel: _____ Fax: _____
e-mail: _____
Signature:

Departmental Coordinator
Name: _____
Address: _____
Tel: _____ Fax: _____
e-mail: _____
Signature:

Institution that will receive this Application Form

Institution	Country	Erasmus code	Period of study		months
			from	to	
The Bialystok School of Economics	Poland	PL BIALYST06			

Language Knowledge

Language	I am currently studying this language	I have sufficient knowledge to follow lectures	I would have sufficient knowledge to follow lectures if I had some extra preparation
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No

The attached Transcript of Records includes full details of previous and current higher education study. I hereby declare that the above-mentioned data are correct:

Date:

Signature:

Acceptance at The Bialystok School of Economics

The above-mentioned student is:

ACCEPTED NOT-ACCEPTED
at The Bialystok School of Economics

Institutional coordinator's name:

Date:

Signature:

Please send this Socrates Application Form back (by 30 August (arriving 1st semester) or 30 December (arriving 2nd semester)) to the following address:

Wyższa Szkoła Ekonomiczna w Białymstoku
The Bialystok School of Economics
Centrum Badań i Analiz
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15-732 Białystok
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