

**Project:** KA203 - Strategic Partnerships for higher education agreement no. 2020-1-PL01-KA203-081905  
   
*Innovative education for students of medical and health sciences, resulting to better adapt the didactic offer to the health needs of pregnant and post-pregnant women (INSTEpp)*

**STUDENT APPLICATION FORM**

1. **Student’s personal data**

|  |  |
| --- | --- |
| **- Family name** |  |
| **- First name** |  |
| **- Gender** | F (female)  M (male) |
| **- Date of birth** |  |
| **- Nationality** |  |
| **- Passport /ID Number** |  |
| **- Personal E-mail address** | E-mail: ………………@……………………… |
| **- Additional E-mail address to be used in case of need (e.g. Erasmus office address, etc.)** | E-mail: dgogol@uni.opole.pl |

1. **Other personal information**

|  |  |
| --- | --- |
| **- Current address**  **(valid until ../../..)** | Street: ………………………………………………..  City: …………………………………………………  Postal code: ………………………………………….  Country: ……………………………………………. |
| **- Tel number of current address** | +…/……/…………….. |

1. **Student’s Home University Country: Poland**

|  |  |
| --- | --- |
| **- Name** | University of Opole |
| **- Erasmus code** | PL OPOLE01 |
| **- Faculty/Department** |  |
| **- Subject Study Area** |  |
| **- Erasmus Contact person (Name/Surname)** | Daria Gogol |
| **- E-mail/Tel. of Contact person** | E-mail: dgogol@uni.opole.pl  Tel. : +48 77 452 7353 |

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| ***I confirm that the information provided in this application is true and accurate. In case I have to withdraw from the course, I will inform my home coordinator for the INSTEpp Project as soon as possible, and no later than 9tht May 2022.*** | ***I endorse this application on behalf of my home coordinator for the INSTEpp Project.***  ***Contact person’s full name: Daria Gogol***  ...........................................................................  Date:............................................................….. |
| ***Student’s confirmation***  ***full name and surname:*** ..................................  Signature: .........................................................  Date:............................................................….. |  |