**APPLICATION OF A STUDENT FOR THE EXCHANGE WITHIN JAGIELLONIAN UNIVERSITY AND UTRECHT NETWORK COOPERATION**





**NAME AND SURNAME:**

**………………………………………………………………………………………………………..**

**FIELD OF STUDY:**

**………………………………………………………………………………………………………..**

**INSTITUTE:**

**………………………………………………………………………………………………………..**

**FACULTY:**

**………………………………………………………………………………………………………..**

**List of required documents**

1. Student’s application form for the exchange within Jagiellonian University and Utrecht Network cooperation, signed by the appropriate JU unit authorities
2. Exchange Study Plan. Applicants are obliged to contact their home institute in order to determine the list of courses they are planning to take up as well as the credit mode and deadline for the courses required by the institute/faculty.
3. Diplomas/certificates of completed language courses and/or certificates from Jagiellonian Language Centre confirming the knowledge of the language of instruction in the chosen university (at least C1 (MAUI, AEN) and B2 level (REARI-RJ). Some universities may require a certificate proving the level of foreign language.
4. CV in Polish or in English with enclosed certificates confirming additional activity in student academic societies, student organizations and student government\*\* (certificates should be issued by a person authorised to represent the above-mentioned societies and organizations).
5. Covering letter – providing the applicant’s justification for the trip to the chosen university – max. two (2) pages.
6. Opinion (in Polish or English) of the tutor, the dissertation supervisor or another academic teacher holding at least the academic degree of a doktor (PhD); the opinion should indicate the relationship between the conducted research and the trip to the chosen university – max. two (2) pages.
7. Certificate confirming the weighted average of grades (with estimated time of graduation), including all years of study (issued by the institute/faculty). Students of the second-cycle programme of study who have completed their first-cycle programme of study outside JU are obliged to provide a copy of their first-cycle programme diploma and supplement.
8. Copies of the applicants’ higher education diplomas (applicable to students of the second-cycle).

**NOTICE**

* **Failure to submit any of the above-mentioned documents within the deadline specified in the announcement will result in exclusion from further recruitment process.**
* Documents required by partner universities should be submitted after the applicant
has been pre-qualified for the trip.

**APPLICATION OF A STUDENT FOR THE EXCHANGE
WITHIN THE JAGIELLONIAN UNIVERSITY**

**AND UTRECHT NETWORK COOPERATION**

|  |  |
| --- | --- |
| **Name and surname** |  |
| **Information on the studies** | Faculty: ......................................................................................................................Institute/Chair/Department: ....................................................................................................................................Cycle of study: undergraduate studies/graduate studies/long-cycle: ....................................................................................................................................Field of study: ............................................................................................................Year of study: ............................................................................................................. |
| **Contact phone number** |  |
| **E-mail address (in the @uj.edu.pl domain)\*** | ...................................@student.uj.edu.pl |
| **Name of the university the applicant is applying to** | [ ]  AEN[ ]  MAUI[ ]  REARI-RJ | Name of the institution: ..................................... |
| **Field of study in the partner university** |  |
| **Proposed dates of stay** |  |
| **Purpose of the exchange** (one-semester studies, one-year studies, summer/winter school)\* |  |
| Signature of the applicant: …………………………………………………………….**I hereby consent to the exchange**………………………………............................................................... …………………………........................................ (signature and stamp of the Head of the Institute/Chair) (signature and stamp of the Dean)  |

**EXCHANGE STUDY PLAN**

ACADEMIC YEAR ....................................................................................................

STUDY PERIOD .......................................................................................................

NAME OF STUDENT ...............................................................................................

HOST UNIVERSITY ..................................................................................................

HOST FACULTY .......................................................................................................

**DETAILS OF PROPOSED STUDY**

|  |  |
| --- | --- |
| HOST INSTITUTION:FACULTY: | HOME INSTITUTION: **Jagiellonian University**FACULTY: |
| STUDY PROGRAMME AT THE HOST FACULTY | SUPPOSED STUDY PROGRAMME AT THE HOME INSITUTION |
| COURSE TITLE | SEMESTER | ECTS | COURSE TITLE | SEMESTER | ECTS |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Comments\*\*: |
| Student’s signature:................................................................................Place and date |

**I confirm that the proposed programme has been approved.**

......................................................... .........................................................

Head of the Institute/Chair Dean of the Faculty

Jagiellonian University Jagiellonian University

**CURRICULUM VITAE**

Name and surname: ....................................................................................................................

Faculty: ........................................................................................................................................

E-mail address (in the @uj.edu.pl domain): ................................................................................

1. **EDUCATION**
2. **PUBLICATIONS**
3. **DELIVERED PAPERS**
4. **KNOWLEDGE OF FOREIGN LANGUAGES**
5. **INTEREST**

**List of universities which the applicant is applying to**

1. Name of the university: ........................................................................................................

Country: ...............................................................................................................................

1. Name of the university: ........................................................................................................

Country: ...............................................................................................................................

1. Name of the university: ........................................................................................................

Country: ...............................................................................................................................

**COVERING LETTER**

Name and surname: ....................................................................................................................

Year of study (first-cycle/second-cycle/long-cycle) ....................................................................

Field of study, name of the Institute/Chair, Faculty: ..................................................................

E-mail address (in the @uj.edu.pl domain): ................................................................................

**Rector’s Committee for Bilateral Grants for Students and PhD Candidates**

**of the Jagiellonian University**

**A request for granting the exchange to a foreign university
within the university-level cooperation agreements**

(Enter your request – max. two (2) pages)

**OPINION OF THE TUTOR**

**Rector’s Committee for Bilateral Grants for Students and PhD Candidates**

**of the Jagiellonian University**

**For Ms./Mr. ......................................................................................................................................**

(max. max. two (2) pages)

........................................................................................................................
Legible signature of the person providing the opinion
(academic title, name and surname, Chair/Institute, Faculty, University)

**TEMPLATE OF THE CERTIFICATE CONFIRMING
THE WEIGHTED AVERAGE OF GRADES**(the certificate is issues by the Insitute’s/Faculty office)

…………………………………………….

 *(stamp of institution)*

Nr 000.0000.000.00.00

**TO WHOM IT MAY CONCERN**

**We hereby certify that**

**Mr./Ms.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PESEL:** 00000000000

**Student file no.:** 0000000

**Date and place of birth**: \_\_.\_\_.\_\_\_\_, \_\_\_\_

**Is currently a student.**

**Institution**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Main field of study:** \_\_\_\_\_\_\_\_\_\_

**Year of study:** pierwszy/drugi/trzecirok,

 rok akademicki 20XX/20XX od \_\_.\_\_.\_\_\_\_ do \_\_.\_\_.\_\_\_\_

**Full-time/part-time, first-cycle/second-cycle/third-cycle, X years**

**Beginning of studies:** \_\_.\_\_.\_\_\_\_. **Estimated time of gradutation:** \_\_.\_\_.\_\_\_\_

**Status on the programme:** student

The weighted average of grades including all years of study: \_,\_\_.

This certificate is issued for submission to the relevant authorities.

……………………………………….

 *signature*