



APPLICATION FORM FOR BLENDED INTENSIVE PROGRAM

1. Student's data:

Name and surname			
e-mail:			
phone no.:			
Faculty:		Field of study:	
Study degree		Student's ID no.	

2. Activity for the European University EUNICE

NO

YES

Short description:

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.....
.....

3. Approval of the Erasmus+ Faculty Coordinator / Doctoral School

I agree to the departure of the student for short-term mobility within the Erasmus+ programme.

.....
(place and date)

.....
(signature of the consenting person)

.....
(place and date)

.....
(student's signature)

