



Education and Culture DG

Lifelong Learning Programme



ECTS- EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM

Academic year 20 /20
Field of Study:

Photo

SENDING INSTITUTION

Name and full address:

Erasmus ID code:

Department coordinator (name, telephone and fax number, e-mail box):

Institutional coordinator (name, telephone and fax number, e-mail box):

RECEIVING INSTITUTION

Name and full address:

Akadémia Policajného zboru v Bratislave

Institutional coordinator (name, telephone and fax number, e-mail box):

Prof. Ing. Jozef Haládik, PhD., Tel.: +421 (0)961057369, Fax:+421 (0)53054,
jozef.haladik@minv.sk

From:

To:

Duration of stay:

**N° of expected
ECTS credits:**

STUDENT'S PERSONAL DATA

Family name:

First name (s):

Date of birth:

Sex:

Nationality:

Deadlines for submissions are for Winter semester May 15 and for Summer semester October 15.

Place of Birth:

E-mail:

Telephone number (incl. country code):

Current Address (name of street, number of street, post code, city, country, email address):

Permanent address (is different):

LANGUAGE COMPETENCE

Mother tongue: Language of institution at home institution (if different):

Other languages	I am currently studying this language		I have sufficient knowledge of the follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS AND CURRENT STUDY

Diploma/degree for witch you are currently studying (Bc., Mgr. Ph.D):

Number of higher education study years prior to departure abroad:

Have you already been studying abroad? Yes No

If yes, when? At witch institution?

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided later.

Do you wish to apply for mobility grant to assist towards the additional costs of your study period abroad? Yes No

ACCOMMODATION

I apply for accommodation at the Police Academy Campus If yes, please fill in the "Accommodation form"

I will arrange my own accommodation

Student´s signature: Place and date:

PLEASE SEND THIS FORM BY MAIL TO:

Deadlines for submissions are for Winter semester May 15 and for Summer semester October 15.

Academy of the Police Force in Bratislava
Mgr. Alena Cigániková, International Relations Office - Erasmus
Sklabinská 1, 835 17 Bratislava
Slovak Republic

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is:

accepted at our institution

not accepted at our institution

Department coordinator's signature

Institutional coordinator's signature

.....

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Date:

Date: