**Student/PhD Student** **Application Form for BIended Intensive Programmes**

**Personal Data**

|  |  |
| --- | --- |
| **Surname, Name** |  |
| **Faculty**  |  |
| **Level, year of studies** |  |
| **Student number** |  |
| **E-mail** |  |

**Information about BIP**

|  |  |
| --- | --- |
| **Title** |  |
| **Place, country of physical BIP** |  |
| **Duration of physical mobility****(from..to..)** |  |
| **Duration of virtual mobility****(from..-to..)** |  |
| **Number of ECTS to be awarded** |  |
| **Erasmus Departmental Coordinator at UL** |  |
| **BIP Supervisor at UL (first name, surname, e-mail address)** |  |
| **Planned means of transport** |  |

**Are you the student with the certified disability?** *(underline the appropriate)*

Yes No

**Do you have the social benefit at UŁ during this academic year?** *(underline the appropriate)*

Yes No

I agree to the processing of my personal data by the University of Lodz for the purposes of the selection process and proper organization of mobility in the Erasmus Mobility Educational project (KA131). I declare that I am familiar with the "Rules of the selection and implementation of Blended Intensive Programmes", including the information regarding the processing of my personal data: <https://webgate.ec.europa.eu/erasmus-esc/index/privacy-statement>

Applicant’s Signature : ………………………………………

|  |  |
| --- | --- |
| *Date and*  *signature of* *the Erasmus Departmental Coordinator* | *Date and*  *signature* *of the Dean/Vice-Dean* |