**APPLICATION FORM 2019/2020**

**FOR STUDIES**

*Please tick one of the options below:*

**I will study at the Academy within the:**

⧠ Erasmus+ Programme

⧠ Bilateral Agreement

**THE STUDENT’S PERSONAL DATA**

*(Please type on the computer, applications completed by hand will not be accepted)*

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Sex |  |
| Last name |  | E-mail address |  |
| Date of birth |  | Telephone |  |
| Place of birth |  | Permanent address |  |
| Nationality |  | Student’s medical condition (e.g. hearing problem, physical disability, depression, other diseases) |  |

**EXCHANGE AT THE ACADEMY IN WROCŁAW (ASP)**

**SEMESTER:**

⧠ winter semester (October 2019 – February 2020)

⧠ summer semester (February 2020 – June 2020)

**YEAR YOU WILL BE STUDYING IN THE ACADEMIC YEAR 2019/2020:**

**Bachelor of Fine Arts:** ⧠1st year ⧠2nd year ⧠3rd year
**Master of Fine Arts:** ⧠1st year ⧠2nd year

**One cycle MFA programme:** ⧠1st year ⧠2nd year ⧠3rd year ⧠4th year ⧠5th year

**FIELD OF STUDY** (please choose **only one**):

**Faculty of Painting Faculty of Graphics Faculty of Interior Faculty of Ceramics**

**and Sculpture and Media Art Architecture and Design and Glass**

⧠ Painting ⧠ Sculpture

⧠ Art Mediation

⧠ Graphic Design

⧠ Printmaking

⧠ Media Art

⧠ Interior Architecture ⧠ Stage design

⧠ Design

⧠ Ceramics

⧠ Glass

⧠ Conservation and Restoration of Artworks in specialization of Conservation and Restoration of Ceramics and Glass

I would like to ask for a **BUDDY –** a Polish student who will help me during my stay in Wrocław**:** ⧠ YES ⧠ NO

I would like to participate in the **POLISH LANGUAGE COURSE** for beginners during the whole semester (once a week, 2 hours) with the final examination at the end worth 2 ECTS which is free of charge: ⧠ YES ⧠ NO

**STUDENT**

*……………………………… ……………………………………..*

*Date Student’s signature*

**SENDING INSTITUTION**

Name of the Sending Institution:

Institutional Coordinator’s name:

Institutional Coordinator’s e-mail:

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

*Date Institutional Coordinator’s signature Stamp of the Sending Institution*

**IMPORTANT INFORMATION**

**I REQUIRED DOCUMENTS**

1. Application Form
2. CV
3. Cover Letter
4. Portfolio (website or PDF)
5. English certificate (min. B2)
6. Data processing consent
7. ID/passport
8. Health insurance
9. Photo in JPG
10. Learning Agreement

All required documents together with this application form should be sent **only by e-mail in one PDF file** (+ photo in JPG) to the following e-mail address: **erasmus@asp.wroc.pl.**

**Dormitory Application** to be sent **ONLY** to: **akademik@asp.wroc.pl.**

**II APPLICATION DEADLINES** - for winter semester: **31 May** - for summer semester: **15 November**