

**APPENDIX 2 – APPLICATION FORM FOR CANDIDATES FOR EXCHANGE / WORK PLACEMENT UNDER ERASMUS+ PROGRAMME**

**POZNAN UNIVERSITY  
OF MEDICAL SCIENCES**

**ERASMUS+  
APPLICATION FORM FOR STUDENTS  
FOR ACADEMIC YEAR 20.../20...**

**TYPE OF PROGRAMME (mark as appropriate):**

- |                |     |    |
|----------------|-----|----|
| 1. STUDIES     | YES | NO |
| 2. TRAINEESHIP | YES | NO |

**NAME(S) AND SURNAME**

.....

YEAR OF STUDIES ..... MAJOR ..... FACULTY .....

**MAILING ADDRESS**

.....

TELEPHONE

.....EMAIL.....

**COUNTRY IN WHICH THE APPLICANT WISHES TO COMPLETE PART OF HIS/HER STUDIES**

FRANCE	GERMANY	FINLAND	HOLLAND	GREECE
PORTUGAL	DENMARK	SWEDEN	ITALY	HUNGARY
SPAIN	TURKEY	ROMANIA	BULGARIA	CZECH REPUBLIC

.....

**I have previously undertaken Erasmus exchange (mark as appropriate):**

YES      NO

(if yes, give the kind of exchange, year of studies and number of months)

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**I receive maintenance grant (mark as appropriate):**      YES      NO

The application form with attachments should be submitted in electronic form to the e-mail address: [dwmie@ump.edu.pl](mailto:dwmie@ump.edu.pl) or in paper form in the International Cooperation Section, Poznan University of Medical Sciences, Fredry 10,61-701 Poznan room No. 148 from Monday to Friday from 8:00 a.m. to 3:00 p.m.

This data is processed by the Department of Science, Project Management and International Cooperation – International Relations Office only for the purposes of the recruitment process and in accordance with the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27/04/2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. The documentation is available to the employees of the Department and members of the Recruitment Committee, whose composition was determined by Resolution No. 17/2022 of the Senate of the Poznan University of Medical Sciences