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**APPLICATION FORM**

**ERASMUS+ STUDY EXCHANGE**

**2024/2025**

*Please fill in the form on a computer and send it together with your English language certificate\* to:* *erasmus@vistula.edu.pl*

PERSONAL DETAILS

|  |  |
| --- | --- |
| Name:  | Surname:  |
| Date of birth:  | Nationality:  | Gender:  |
| Phone number:  | Email address:  |
| Permanent address:  |
| Emergency contact:  |
| Student ID number:  |
|  |
| **STUDIES AT VISTULA UNIVERSITY (Erasmus Code: PL WARSZAW78)** |
| Faculty:       | Field of studies:      |
| Study cycle (BA, MA, PhD):       | Year and semester of studies:       |
| Are you receiving a maintenance grant in this academic year? Yes       No       | Are you a student with a disability? Yes       No       |
| \*GPA (average grade) from the previous semesters (to be filled out by Dean’s office): .............................................................. | Stamp and signature of the authorised Dean’s Office employee:.............................................................. |
| \* (it will be obtained by the Erasmus+ Office)  |
| **PREVIOUS PARTICIPATION IN ERASMUS+**  |
| Have you taken part in Erasmus+ Programme in the same study level? |
| Studies:        | Study cycle:       | Mobility period: from      to  |
| Internship:       | Study cycle:       | Mobility period: from      to  |
|  |
| **LANGUAGES** |
| Language:       | Level (scale A1-C2):        |
| Language:       | Level (scale A1-C2):        |
| Language:       | Level (scale A1-C2):        |
| **Please attach your English language certificate (min. B2 level)\****\*If you do not have a certificate, you will be able to take an English language exam organized by the Foreign Languages Centre. The date of the exam will be provided after the application deadline by email.* |
| **CHOICE OF PARTNER UNIVERSITIES**  |
| University 1:       | Country:       | Instruction language:       |
| University 2:       | Country:       | Instruction language:       |
| University 3:       | Country:       | Instruction language:       |

Date Student’s signature

**Consent for the processing of personal data**

First and last name:

I hereby give my consent to the processing of my personal data provided in this form for the purposes related to the qualification process for the ERASMUS+ Programme

**INFORMATION ON THE PROCESSING OF PERSONAL DATA**

**Personal Data Controller** - Vistula University, Stokłosy 3, 02-787 Warsaw

**Contact details to the Data Controller:** email address: info@vistula.edu.pl

**Contact to the Data Protection Officer**: iod@vistula.edu.pl

**The purpose, legal basis and period of storing personal data**

* Verification activities related to the qualification for the ERASMUS+ programme, in accordance with the Rector’s Order published at www.vistula.edu.pl. The legal basis for data processing is the voluntary consent expressed on the qualification form. The data will be stored for 5 years from the date of terminating the financial agreement with the FDES, under which the mobility was organized.

**Data recipients**

* Authorized data Controller’s employees, including lecturers.
* Service providers entrusted with Personal Data processing for the purpose of providing services for the data Controller, in particular such entities as IT service providers, postal and delivery service providers, law firms - in the scope necessary for the correct provision of the commissioned services.

**Voluntary data provision**

Providing data is voluntary, but necessary for the participation in the ERASMUS+ programme.

**Rights related to the processing of personal data**

You have the right to:

* access your data and demand its correction
* restrict data processing or to delete data (“the right to be forgotten”)
* withdraw voluntary consent at any time. Withdrawal of consent does not affect the lawfulness of data processing that was carried out before the consent withdrawal
* transfer personal data
* file a complaint to the President of the Office for the Protection of Personal Data

Date and eligible signature