## **Application for study stay abroad**

Name of the student:						
Date of birth:						
Mailing Address:						
Mobile:	-					
E-mail:						
Year:						
Group:						
Average study results in single years (completed by the Study Department):						
1.						
2.						
3.						
4.						
5.						
-						
Repeating of the subject:	yes no	Repea	ated subjects			
Interruption of study	yes no					
Help to foreign students in	the frame of	LLP -	Erasmus at ou	ır faculty	yes	no
If yes - Name:						
Study stay abroad completed during the study yes no						
- type of study stay (European programme, IFMSA, private study stay, agreements between universities,)						
- Date of the study stay						
Planned study stay abroad						
State						
Date						
The year in which I plan to leave for the study stay						
Study scheme:						
(briefly, which subjects will be substituted by the study abroad)						
Date of submitting the	<u> </u>	1	Signature of th	ne l		
application			Signature of tr student	iic		
Pricerois	<u></u>	1,				