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**INTENSIVE LITHUANIAN LANGUAGE COURSES FOR ERASMUS+ STUDENTS 2020–2021**

**STUDENT APPLICATION FORM**

1. **Please do not fill out by hand;**
2. **Please submit the application form (signed and scanned) by e-mail to the contact person of the institution organising the courses no later than xx xx 2020.**

**Please note that your application does not automatically entitle you to participate in the Lithuanian language courses for Erasmus+ students. The organising institution will carry out selection of students and inform each applicant and his/her home institution of the final decision.**

1. **PERSONAL DATA**

|  |  |
| --- | --- |
| **- Surname** |  |
| **- Name** |  |
| **- Gender** | F (Female)  M (Male) |
| **- Date of birth** |  |
| **- Citizenship** |  |

1. **CONTACT INFORMATION**

|  |  |
| --- | --- |
| **- Current address**  **(valid until … /... /… )** | Street: ………………………………………………..  City: ………………………………………………….  Postal code: ………………………………………….  Country: ……………………………………………. |
| **- Phone number** | + … /…… /…………….. |
| **- Personal E-mail address** | E-mail: ………………@……………………… |

1. **STUDENT’S HOME INSTITUTION COUNTRY: .................................**

|  |  |
| --- | --- |
| **- Name of institution, Erasmus+ ID code**  **(e. g. B BRUXEL01)** |  |
| **- Faculty/Department** |  |
| **- Erasmus+ contact person at home institution (Name, Surname)** |  |
| **- E-mail/ phone number of contact person** | E-mail: ………………@…………………………….  Phone: +… /….. /………………. |

1. **HOST INSTITUTION IN LITHUANIA (IN CASE OF STUDIES)**

|  |  |
| --- | --- |
| **- Name of institution, Erasmus+ ID code**  **(e. g. B BRUXEL01)** |  |
| **- Faculty/Department** |  |
| **- Erasmus+ contact person at host institution**  **(Name, Surname)** |  |
| **- E-mail/ Phone number of contact person** | E-mail: ………………@…………………………….  Phone: +… /….. /………………. |

1. **HOST ORGANISATION IN LITHUANIA (IN CASE OF TRAINEESHIP)**

|  |  |
| --- | --- |
| **- Name** |  |
| **- Contact person (Name, Surname)** |  |
| **- E-mail/ Phone number of contact person** | E-mail: ………………@…………………………….  Phone: +… /….. /………………. |

1. **STUDY/TRAINEESHIP PERIOD**

|  |  |
| --- | --- |
| **- Number of months of Erasmus+ period** |  |
| **- Starting date of Erasmus+ period** | ... /… /…. |
| **- Main subject of studies** |  |

1. **LITHUANIAN LANGUAGE COMPETENCE (if any)**

|  |  |
| --- | --- |
| **- Level of competence (choose one)** | I have never learned Lithuanian language  Basic  Intermediate |
| **- Why do you want to learn the language?** |  |

**Please mark your choice of institution organizing the language courses (only one choice is allowed):**

[Vytautas Magnus University](http://hmf.vdu.lt/en/lithuanian-language-and-culture-summer-course/)

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| --- |
| **I confirm that the information provided in this application is true and accurate. In case I have to withdraw from the course, I will inform my Erasmus+ office as soon as possible.**  **By submitting the application I am expressing written consent that my personal data therein will be managed by the host institution or organisation in Lithuania to which is applied for evaluation and administration purposes in accordance with the Law of Personal Data Protection of the Republic of Lithuania and the EU General Data Protection Regulation (2016/679) of 27th of April, 2016.** |

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I endorse this application on behalf of my University** (to be filled in by the home institution)

**Erasmus+ contact person (Name, Surname)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_