**

**INTERNATIONAL ERASMUS + SEMESTER**

4 February-17 May 2019

**APPLICATION FORM**

**Application deadline: 1 December 2018**

Please send this form to: Mr Zsolt Szabó international coordinator, [erasmus@avkf.hu](mailto:erasmus@avkf.hu)

|  |  |
| --- | --- |
| Personal data |  |
| Family name |  |
| First name(s) |  |
| Sex | Male  Female |
| Date of birth (month/day/year) |  |
| Nationality |  |
| Home address |  |
| Mobile phone (incl. country and area code) |  |
| E-mail |  |
| Further things useful for us to know (special diet etc.) |  |

|  |  |
| --- | --- |
| **Home institution** |  |
| Official name and address of your home university / institution |  |
| Your international coordinator ’s name  phone number  e-mail |  |
| Your field of specialization | preschool  primary school  secondary school  social educator  other; please, specify: |
| **Language competence** |  |
| Mother tongue |  |
| English language competence: | poor  fair  good |

For further information please contact Mr Zsolt Szabó international coordinator, [erasmus@avkf.hu](mailto:erasmus@avkf.hu)