**

**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

|  |  |
| --- | --- |
| 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 numbere-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