



## Erasmus application form for incoming student

Family name		
Forname		
Nationality		
Date of birth (DD/MM/YYYY)		
Place of birth		
Passport or ID number		
Mother's maiden name (Family name, Forename)		
Permanent address		
E-mail address		
Phone number		
Sending institution		
Name and e-mail of the institutional coordinator		
Field of study	photo	
Level and year of study		(e.g. BSc III)
Expectable date of graduation		
Mother tongue		
Foreign language and level of knowledge		1
	2	
Requested period of Erasmus study	from	to
Number of expected ECTS credits		

Please, complete the data by computer, print and sign; then attach

- Transcript of records of previous studies at the home institution
- Learning Agreement (expected study program at the receiving institution)

and send in e-mail until 31 May (for the autumn semester)/30 November (for the spring semester)  
to

SZIU-Ybl Faculty

Mrs. Zsuzsa Sándor, international officer

E-mail: sandor.zsuzsa@ybl.szie.hu

Date	Student signature
Date	Signature and stamp of the sending institution's coordinator



SZENT ISTVÁN  
UNIVERSITY

YBL MIKLÓS FACULTY OF ARCHITECTURE  
AND CIVIL ENGINEERING



## Erasmus application form for incoming student

I confirm that the a/m student is accepted for Erasmus study at our faculty in the .....semester of .....,

Budapest, .....

Zsuzsa Sandor, international officer

SZIU Ybl Miklós Faculty of Architecture and Civil Engineering