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**INTENSIVE LITHUANIAN LANGUAGE COURSES FOR ERASMUS+ STUDENTS 2017–2018**

**STUDENT APPLICATION FORM**

1. **Please do not fill out by hand;**
2. **Please submit the application form by e-mail (signed and scanned) to the contact person of the courses organising institution no later than 9 June, 2017.**

**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 university of the final selection.**

1. **PERSONAL DATA**

|  |  |
| --- | --- |
| **- Family name** |  |
| **- First name** |  |
| **- Gender** | F (Female)  M (Male) |
| **- Date of birth** |  |
| **- Citizenship** |  |

1. **CONTACT INFORMATION**

|  |  |
| --- | --- |
| **- Current address**  **(valid until … /... /… )** | Street: ………………………………………………..  City: ………………………………………………….  Postal code: ………………………………………….  Country: ……………………………………………. |
| **- Tel. 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/ Tel. of contact person** | E-mail: ………………@…………………………….  Tel.: +… /….. /………………. |

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/ Tel. of contact person** | E-mail: ………………@…………………………….  Tel.: +… /….. /………………. |

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

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

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

[Lithuanian University of Educational Sciences, Vilnius (July 31–August 29, 2017)](http://leu.lt/lt/huf_lkalbos_kult_centras/lkkc_apie_mus.html)

[Vilnius University, Vilnius (July 3–28, 2017)](http://www.lsk.flf.vu.lt/en/department/courses-for-foreigners/course-b)

[Vytautas Magnus University, Kaunas (July 14–August 12, 2017)](http://hmf.vdu.lt/en/lithuanian-language-and-culture-summer-course/)

[Klaipėda University, Klaipėda (July 14–August 10, 2017)](https://www.ku.lt/studies/lithuanian-language-and-culture-courses/lithuanian-language-and-culture-summer-academy/)

[LCC International University, Klaipėda (July 29–August 27, 2017)](https://www.lcc.lt/home/study-abroad/cie/lithuanian-language-and-culture/)

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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.** |

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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_