**PAVOL JOZEF ŠAFÁRIK UNIVERSITY IN KOŠICE**

**UPJŠ4ResUA ACADEMIC MOBILITY PROGRAMME**

**APPLICATION FORM**

**This form should be completed by the applicant before the start of the mobility.**

**Applicant details (compulsory) – this area should be completed by the applicant**

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| **HOME INSTITUTION**  Lesya Ukrainka Volyn National University  Transcarpathian State University Uzhhorod  Vasyl Stefanyk Precarpathian National University  Ivan Franko National University of Lviv  Oles Honchar Dnipropetrovsk National University Yuriy Fedkovych Chernivtsi National University Uzhhorod National University  V. Karazin Kharkiv National University  Verkin Institute for Low Temperature Physics and Engineering, Kharkiv  National University of Radio Electronics, Kharkiv  Ivano-Frankivsk National Medical University  State University Sumy |

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| **APPLICANT PERSONAL DATA**  Family name: .......................................................  Date of birth: .......................................................  Place of birth: .....................................................  Current correspondence address /valid until: ........................................................................  ........................................................................  ………………………………………………  Department/affiliation at the home university:  .......................................................................  ........................................................................ | First name (s): .................................................................  Gender: male / female  Citizenship:  ..................................................................  Tel.: .....................................................................  E-mail: ..................................................................... |
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| Briefly state the reasons why you wish to apply for an academic mobility via the UPJŠ4ResUA programme? Will you stay in Slovakia alone, or will you be accompanied by other family members? | |

MOBILITY DETAILS

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| **Receiving institution** | Pavol Jozef Šafárik University in Košice |
| **Faculty:** |  |
| **Institute/Department within the faculty:** |  |
| **Field of research:** |  |
| **Contact person (if any):** |  |
| **Period of mobility:** | Beginning – End of the mobility: |
| **Special needs:** | No/Yes (if yes, please specify) |
| **Temporary refugee status (this status is necessary for the purposes of this application):** | No/Yes |

SUPPORT REQUIRED FROM UPJŠ DURING THE MOBILITY

1. Accommodation:

Free accommodation for the period of mobility

1. Scholarship (please choose only one option):

I require financial support for the period of my mobility

I do not require financial support for the period of my mobility

1. Other (please specify):

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| **APPLICANT’S DECLARATION AND SIGNATURE**  **Please, read carefully through your completed application before signing it.**  I declare that I have provided complete and accurate information.  I authorize release of any documents submitted in connection with this application to any person, association or government agency for the purpose of explanation or verification.  I understand that any omission or misinformation may void my admission or result dismissal.  Date: ………………………………………..  Signature: ………………………………….. |
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**Mandatory attachment!**: Documents proving employment at the partner University, OR a declaration of

honour that the applicant is its employee.

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| **This part should be completed by the receiving institution before the start of the mobility**: | |
| **RECEIVING INSTITUTION** | |
| We hereby acknowledge receipt of the Application Form. | |
| The above-mentioned applicant is | provisionally accepted at our institution  not accepted at our institution |
| The committee proposes to award for the applicant the following: |  |
| I. Accommodation:  Free accommodation for the period of mobility  II. Scholarship (please choose only one option):  Financial support in the amount of: EUR  Financial support was not required  III. Other type of support:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  signature of the rector  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  signature of the dean or the head of the university  workplace | |