**Application for Erasmus+ traineeship**

**Academic year** **20  /20**

|  | | |
| --- | --- | --- |
| **Student/Graduate** | | |
| Name, surname (titles):  Student: ☐  Graduate: ☐ | | |
| **Contact details (permanent residence)** | | |
| Street: | | |
| City: | | ZIP Code: |
| Country: | | |
| Mobile: | E-mail: | |
|  | | |
| **Sending institution** | | |
| Institution: **Slovak University of Technology in Bratislava – SK BRATISL01** | | |
| Faculty: | | |
|  | | |
| **Receiving institution/organization/company** | | |
| Institution/organization/company: | | |
| Address:  Improvement of digital skills: ☐ | | |
| Traineeship period\* (dd.mm.rrrr): from  to | | |

| **Previous mobilities** | |
| --- | --- |
| Is this your first mobility within ERASMUS/ERASMUS+ Programme?  (regarding both study mobility or traineeship) ☐ Yes ☐No | |
| If not, indicate all your previous mobilities (study/traineeship): | |
| Period (from - to):  Study degree:  Name of the institution/company/university:  Period (from - to):  Study degree:  Name of the institution/company/university: |  |
| Period (from - to):  Study degree:  Name of the institution/company/university: |  |
|  |  |

Date: ........................................... ...........................................

Student/Graduate signature Faculty coordinator signature

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\*Length of the traineeship period can be adjusted according to the financial possibilites and capacity of the grant Erasmus+ STU.