**APPLICATION**

to the BUT admissions for academic year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **BUT faculty** |  |
| **Study programme** |  |
| **Branch** |  |
| **Mode of study** |  |
| **Level of course unit** |  |

1. **PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name (s)** |  | **First name (s)** |  |
| **Date of birth** |  | **Nationality** |  |
| **Sex [*M/F*]** |  | **Marital Status** |  |
| **Number of Identity Card** |  | **Passport Number** |  |
| **Place of birth** |  | **Birth number** |  |
| **Email** |  | **Phone** |  |
| **Permanent residence** | I have a residence permit  for the Czech Republic | I don’t have a residence permit  for the Czech Republic | |

**II. INTRODUCTORY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobility programme** |  | **Country** |  |
| **Name of the university** |  | **Erasmus Code** |  |
| **Address** |  | | |
| **Contact person at home university** | | | |
| **Name and surname** |  | **E-mail** |  |
| **Phone** |  | **Fax** |  |

**III. PERMANENT ADDRESS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** |  | **Post code:** |  |
| **City** |  | **City part** |  |
| **Street** |  | **Indication/Street number** |  |

**IV. DELIVERY ADDRESS (in case the address differs from permanent address)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** |  | **Post code:** |  |
| **City** |  | **City part** |  |
| **Street** |  | **Indication/Street number** |  |

**V. SECONDARY SCHOOL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year of graduation at secondary school** |  | **IZO of secondary school** |  |

**VI. STAY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Study field at your home university** |  | | |
| **Current year of study at your home university** |  | | |
| **Education achieved** |  | | |
| **Period of stay** | winter semester spring semester  Sp spirn Dis Medi  Dis Medi | | |
| **Date of arrival** |  | **Date of departure** |  |

**VII. LANGUAGE COMPETENCE**

|  |  |  |
| --- | --- | --- |
| **Mother tongue:** | | |
| **Knowledge of English** | A1 (Beginner) A2 (Elementary) B1 (Intermediate)  **B1 (Intermediate)** Dis Medi  Dis Medi  Dis Medi  B2 (Upper Intermediate) C1 (Advanced)  Dis Medi  Dis Medi | |
| **Other language** |  | A1 (Beginner) A2 (Elementary)  Dis Medi  Dis Medi  B1 (Intermediate) B2 (Upper Intermediate  Dis Medi  **B1 (Intermediate)** Dis Medi  C1 (Advanced)  Dis Medi |
| **Other language** |  | A1 (Beginner) A2 (Elementary)  Dis Medi  Dis Medi  B1 (Intermediate) B2 (Upper Intermediate  Dis Medi  **B1 (Intermediate)** Dis Medi  C1 (Advanced)  Dis Medi |

**VIII. WELCOME WEEK**

**Welcome week is organized one week before the start of each semester**

|  |  |
| --- | --- |
| **Do you want to attend Welcome Week?** | Yes  No No No Dis Medi  Dis Medi  No |
| **Introduction to Czech language (during Welcome Week)**  **Your participation on “Introduction to Czech language will be confirmed by beginning of September at the latest.** | Yes  No No No Dis Medi  Dis Medi  No |

**IX. BRIEF MOTIVATION WHY YOU WANT TO STUDY AT BUT**

**The length of the report should not exceed one standardized page (30 lines each with 60 characters)**

|  |
| --- |
|  |

**X. PERSON TO CONTACT IN CASE OF EMERGENCY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Surname** |  |
| **Email** |  | **Phone** |  |

**XI. DISABILITY ALLOWANCE**

|  |  |
| --- | --- |
| I request the university to allow for my specific needs regarding my physical condition or  disability during the entrance procedure (and in case of acceptance during my study proper)  By filling this form I authorize Brno University of Technology to process my personal data related to my health condition and to keep documents confirming existence of my specific needs for the admission procedure time and the following studies. | |
| **I request to take account of my specific needs connected with** | Partial visual impairment/ sight users    Heavy visual impairment/ touch/ voice users    Hard of hearing / spoken language users  Total loss of hearing / sign language users    Reduced mobility – lower limbs disablement  Specific learning difficulties    Autism spectrum disorder |
|  | Mental health disorder or chronic somatic illness |
|  |  |
| **I dispose of the following documents to my disability** | Medical evidence of Health Disability related to employment  Medi  Options  Disablement pension documentation  Dis Medi  Personal disability identity card  Pers Dis Medi  Evidence of Specific Learning Difficulties  Pers Dis Medi  A letter from a medical professional  Pers Dis Medi |

**XII. YOUR COMMENTS**

|  |
| --- |
|  |

**STUDENT’S CONFIRMATION**

|  |
| --- |
| I declare that the information I have outlined in this application are to the best of my knowledge and are complete.  Student’s signature:  Date: |

**SENDING INSTITUTION – COORDINATOR’S CONFIRMATION**

|  |
| --- |
| I hereby confirm that the above student is student of our institution and is able to follow courses in English.  Name:  Date and signature: |