|  |  |  |
| --- | --- | --- |
| **Student’s Personal Data** | First Name (s) |  |
| Family Name (s) |   |
| Date of Birth |  |
| Place of Birth |   |
| Gender |  |
| Identification number of your travel document |  |
| Travel document valid until  |   |
| State Citizenship |   |
| **Permanent Address** | Street |   |
| Town |   |
| ZIP code |   |
| Country |   |
| **Contact** | E-mail |   |
| Telephone including the international code |   |
| **Person to notify in case of emergency** | Full name |   |
| E-mail |   |
| Telephone including the international code |  |
| Address |   |
| **Information on studies** | Name of the sending institution |   |
| Studying for degree |   |
| Field of study |   |
| How many years of study you have completed |  |
| **Coordinator at your ALMA MATER, i.e. Sending institution** | Full name |  |
| E-mail |  |
| Telephone |   |
| **VETUNI as the Receiving institution**  | Name of the faculty// clinic  | state either **Faculty of Veterinary Medicine** or **Faculty of Veterinary Hygiene and Ecology** or a **CLINIC/DEPARTMENT** you have applied for  |
| **Mobility dates**  | Your planned ARRIVAL (day, month, year) + DEPARTURE  |  |
| Applying for a supporting buddy person? | State either YES or NO |