**APPLICATION FORM FOR TRAINEESHIPS**

**THE STUDENT’S PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Sex |  |
| Last name |  | E-mail address |  |
| Date of birth |  | Telephone |  |
| Place of birth |  | Permanent address |  |
| Nationality |  | Student’s medical condition (e.g. hearing problem, physical disability, depression, other diseases) |  |

**EXCHANGE AT THE ACADEMY IN WROCŁAW (ASP)**

**Dates of the traineeship:** from ………………………………………….. to ………………………………………………

**Bachelor:** ⧠1st year ⧠2nd year ⧠3rd year

**Master:** ⧠1st year ⧠2nd year

**Doctor:** ⧠1st year ⧠2nd year ⧠3rd year

**FIELD OF STUDY** (please chooseonly one):

**I Faculty of Painting**

⧠ Painting

**II Faculty of Sculpture**

**and Art Mediation**

⧠ Sculpture

**III Faculty of Graphics**

**and Media Art**

⧠ Art Mediation

⧠ Graphics: Graphic Design

⧠ Graphics: Printmaking

⧠ Media Art

**IV Faculty of Interior Architecture, Design**

**and Stage Design**

⧠ Interior Architecture

⧠ Stage Design

⧠ Design

**V Faculty of Ceramics and Glass**

⧠ Art and Design of Ceramics

⧠ Art and Design of Glass

⧠ Conservation and Restoration of Artworks in specialization of Conservation and Restoration of Ceramics and Glass

I would like to ask for a **BUDDY –** an ASP student who will help me during my stay in Wrocław**:** ⧠ YES ⧠ NO

I would like to participate in the **POLISH LANGUAGE COURSE** for beginners during the whole semester (once a week, 2 hours) with the final examination at the end worth 2 ECTS which is free of charge: ⧠ YES ⧠ NO

**STUDENT**

*……………………………… ……………………………………..*

*Date Student’s signature*