VYSOKÁ ŠKOLA MANAŽMENTU

VYSOKÁ ŠKOLA MANAŽMENTU V TRENČÍNE SLOVAKIA

STUDENT APPLICATION FORM
for International Students (Erasmus program)

Attach 1 **recent** photograph here. Please write your name on the back of the photos.

I am applying for academic year:

☐ **fall trimester** ☐ **winter trimester** ☐ **spring trimester** ☐ **full year**

☐ **Vysoká škola manažmentu / Bratislava Campus**
Panónska cesta 17
851 04 Bratislava
SLOVAKIA

Note: Student's applying for studying at Bratislava Campus are responsible to arrange accommodation on their own.

☐ **Vysoká škola manažmentu / Trenčín Campus**
Bezručova 64
911 01 Trenčín
SLOVAKIA

Please, write in capitals (use black colour) or fill in the application on computer. All applications must be signed by the student and sent together with all required enclosures to the following address:

VYSOKÁ ŠKOLA MANAŽMENTU V TRENČÍNE
International office department
Ms. Adriana Mičkovicová
Panónska cesta 17
851 04 Bratislava
SLOVAKIA

The application deadline is June 30th for the fall trimester, October 30th for the winter trimester and January 1st for the spring trimester.

VYSOKÁ ŠKOLA MANAŽMENTU

PERSONAL DATA (to be completed by the student applying)	
Family name: First name : Sex: Female ☐ Male ☐ Citizenship:	Current address:
Date of birth (dd/mm/yyyy):	
Current tel.: Mobile: E-mail: Date of school-leaving certificate (high-school diploma/secondary education, ddmmyyyy):	Permanent address (if different):

CONTACT DETAILS (PERSON TO CONTACT IN CASE OF EMERGENCY)		
Name and relationship to the student: Full address: Tel (Home):	Tel (Mobile):	Tel (Work):

SENDING INSTITUTION
Name of the Sending Institution:
Erasmus code:
Full address of the Sending Institution:

COORDINATORS (SENDING INSTITUTION)	
Name of the Institutional Socrates Coordinator: Mr/Ms Full address of the International Office: Tel.: Fax: E-mail:	Name of Departmental Coordinator: Mr/Ms Full address of Departmental Coordinator: Tel: Fax: E-mail:

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LANGUAGE PROFICIENCY

Mother tongue:

Language of instruction at home institution (if different):

Other languages	Excellent	Good	Sufficient	Poor
English	☐	☐	☐	☐
German	☐	☐	☐	☐
Other……..	☐	☐	☐	☐

WHY ARE YOU APPLYING FOR STUDY ABROAD PROGRAM?

Briefly (up to 150 words) indicate main reasons why you are applying to study at Vysoká škola manažmentu in Slovakia.

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:

Number of higher education study years prior to departure abroad:

Have you already studied abroad? NO ☐ YES ☐

If yes, when? At which institution?

Number of ECTS credits per semester studied abroad required by your home institution:

Work experience related to current studies (If relevant)

Type of experience	Firm/ Organisation	Period	Country
1. 2. 3. 4.			

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SPECIAL NEEDS

Do you have any special needs: sight/ hearing disability, dyslexia, health problems that may require the provision of special facilities in your living or studying environment?

☐ NO ☐ YES

If you ticked "YES", please describe your needs / special arrangements below:

INSURANCE

I hereby confirm that I'm going to take care of my insurance & travel insurance before leaving for Slovakia.

Date: Student's signature: .....

ACCOMMODATION

☐ YES, I would like I would like Vysoká škola manažmentu to arrange accommodation for me at Trenčín Campus.

☐ NO, I will make my own arrangements.

ENCLOSURES

☐ Certified Transcript of Records of your completed semesters of study
☐ Proposed Study Programme Abroad / Learning Agreement
☐ 2 recent photos attached to the first page of this application
☐ Photocopy of your passport
☐ Copy of Health insurance (in English language)
☐ Certificate of English Proficiency B2 minimum in any form (confirmed by the language department of your institution)

No applications will be accepted without official, stamped Transcript of Records (stating all the courses/modules with ECTS or other credits completed at the home university) and the other required enclosures.

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VYSOKÁ ŠKOLA MANAŽMENTU

DECLARATION AND AGREEMENT

I hereby confirm that all information provided in the application for study (i) at Vysoká škola manažmentu v Trenčíne, Bezručova 64, 911 01 Trenčín („VŠM“) and/or (ii) organized by City University of Seattle, spol. s r.o., Bezručova 64, 911 01 Trenčín („City University“) or the data which I have amended and/or added during this registration in the corresponding year of study are complete and true and no information was withheld or changed.

According to provisions of clauses 7 (1) and 9 (1), especially, as well as clause 23 of Act. No. 428/2002, on the Protection of Personal Data, as amended (“the Act“), I hereby grant, with my signature below in this document, the following permission to process, administer, provide access to, and to transmit internationally my personal data within the scope of the application for study at VŠM or City University and within the scope of information amended and added during the registration in the corresponding year of study (“the Data”). I grant the approval to VŠM and City University.

I grant the permission for the purpose (i) of organizing, securing and providing higher education at VŠM, City University or other schools established City University, 335 116 Avenue SE, Bellevue WA 98004, USA, which is also the founder of VŠM („the Founder“), (ii) for gathering and analyzing internal statistics of VŠM and City University, as well as statistics required by the Ministry of Education of the Slovak Republic as well as by other state or governmental authorities, (iii) informing me of other study programs and other services provided by VŠM and City University, as well as (iv) administering the database of students for the purpose of regular contact with graduates.

I grant this permission for the entire period of my studies at Vysoká škola manažmentu, City University or other schools established by the Founder in any form, including the period during which my studies will be interrupted in agreement with the statute of Vysoká škola manažmentu or rules of City University and after completion of this period for the period during which the documents in which I have provided the Data are archived in agreement with accepted legal regulations. I grant the approval for providing the Data for the purpose of administering the database for the purpose of regular contact with graduates for an unlimited period until cancellation or until the time when the records will have to be destroyed in accordance with valid legal regulations.

I agree that VŠM and/or City University may process the Data using manual as well as automatic means of processing within its internal information systems, as well as within the information systems of the Founder.

I agree with the international transmittal of the Data and with making them accessible and/or providing them for processing to the Founder and any other daughter companies of the Founder or colleges established by the Founder with full understanding that they have or may have their seat in countries that do not guarantee appropriate protection of personal data. I agree with the international transmittal of the Data and with giving access to and /or providing the Data for processing to the Founder and any other daughter companies of the Founder or universities/colleges established by the Founder with the knowledge that they have or may have their seat in countries that are considered countries not providing adequate protection of personal data.

I especially agree to the processing of my personal identification number via international transmittal as well as with accessing the Data by copying, scanning or other way of recording the official documents on the information carrier.

I am aware that I may cancel my permission at any time. In that case I am aware that VŠM shall be authorized, however, to process, access and provide the Data in compliance with the provisions of the

Act.No.131/2002 on Universities and Colleges as amended and that I will be provided only with services that I am eligible for according to the law.

Name of student:

Student’s signature: .....

Date:

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SENDING INSTITUTION

We confirm that:

- The above-mentioned student has been selected and accepted by her/his home university to participate in the exchange programme with Vysoká škola manažmentu v Trenčíne.

International Coordinator's signature: Institutional Stamp

Date:

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of Records.

The above-mentioned student is:

☐ provisionally accepted at our institution

☐ not accepted at our institution

International coordinator's signature:

Departmental coordinator's signature:

Date:

Date:

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