Erasmus pályázati adatlap (BGGYK)

Jelentkezés külföldi szakmai gyakorlatra a 2022/2023-as tanévre

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| Vezetéknév: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Keresztnév: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Születési idő: | | | | | | |  | | | | | | | | | | |  | Állampolgárság: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | Neptun kód: | | | | | | | | | | |  | | | | | | |
| Állandó lakcím: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Értesítési cím: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon: | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | E-mail: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Képzés (BA/MA/tov.k.) + félév (pl.: BA 5.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Szakirány(ok) röv. (ha van): | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Idegennyelvtudás: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nyelv: | |  | | | | | | | | |  | | | | | szint (*jelölje X-szel*): | | | | Középfokú: | | | | | | | | | | | | | | | | | | | |  | | --- | |  | | | | | |  | | | Felsőfokú: | | | | | | | | | | |  | | --- | |  | | | | |  | | | | Nyelvvizsga típusa (*A/B/C*): | | | | | | |  | | | | | |
| Nyelv: | |  | | | | | | | | |  | | | | | Középfokú: | | | | | | | | | | | | | | | | | | | |  | | --- | |  | | | | | |  | | | Felsőfokú: | | | | | | | | | | |  | | --- | |  | | | | |  | | | |  | | | | | |
| Nyelv: | |  | | | | | | | | |  | | | | | Középfokú: | | | | | | | | | | | | | | | | | | | |  | | --- | |  | | | | | |  | | | Felsőfokú: | | | | | | | | | | |  | | --- | |  | | | | |  | | | |  | | | | | |
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| *Korábbi* külföldi ösztöndíja (*ha volt ilyen*): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intézmény: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Időtartam (hónap): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mely intézmény(ek)be pályázik? (*A kívánt rangsor szerint kell kitölteni.*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. intézmény neve: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ország: | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Település: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kapcsolatért felelős oktató: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A szakmai gyakorlat munkanyelve: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | |
| A kint tartózkodás  tervezett kezdete: | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | | |  | | --- | |  | | | |
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| 2. intézmény neve: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ország: | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Település: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | Kapcsolatért felelős oktató: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A szakmai gyakorlat munkanyelve: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| A kint tartózkodás  tervezett kezdete: | | | | | | | | | |  | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | |  | | --- | |  | | | | | |
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| 3. intézmény neve: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ország: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Település: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kapcsolatért felelős oktató: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A részképzés / szakmai gyakorlat munkanyelve: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| A kint tartózkodás  tervezett kezdete: | | | | | | | | | |  | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | | | |  | | --- | |  | | | | | |
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| A hallgató aláírásával igazolja, hogy a fenti adatok teljesek és a valóságnak megfelelnek. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Dátum:  Aláírás: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |