**ERASMUS+ PROGRAMME**

**NOMINEE APPLICATION FORM**

**STUDENT MOBILITY FOR TRAINEESHIPS**

**ACADEMIC YEAR 2019/2020**

|  |  |
| --- | --- |
| **Name and Surname** |  |
| **Student ID Number** |  |
| **Number of completed higher education study years** |  |
| **The Company where I will do my traineeships** |  |
| **Mobility Period** |  |
| **Bank Account Holder** |  |
| **Full Name of the Bank** |  |
| **SWIFT number** |  |
| **IBAN number** |  |

I confirm the acknowledgement of [*The Rules of Recruiting Students for Studies or Traineeships under the Erasmus+ Programme with Programme Countries and with Partner Countries 201*](https://www.mwslit.com/images/wspolpraca_miedzynarodowa/program_erasmus/Outgoing%20Students/Rules.pdf)*9/2020* and the *Eligibility Criteria for the Erasmus+ Students Mobilities*.

 ............................................

*Place, date Student’s signature*

­