



University of Warsaw
International Relations Office
Krakowskie Przedmieście 26/28, PL 00-927 Warsaw, Poland

APPLICATION FORM
ACADEMIC YEAR 2019-2020

1. Program at University of Warsaw: Erasmus+ Student (Studies)

2. Period of stay: Second term

I have never studied at the University of Warsaw.

3. Personal details:

Name: Dyani Vladimirov

Family name: Kurulenko

Date of birth: 21.11.1997

Place of birth: Sofia, Bulgaria

Gender: Male

Identity document: personal ID 647784582, valid until 10.08.2028

Citizenship: Bulgaria

Phone number: +359 88 586 6691

E-mail: kurulenko.dv@yahoo.com

4. Address of residence: D. Atanasov 9 / 8, 1680 Sofia BULGARIA

5. Correspondence address: Same as address of residence.

6. Disability information: Yes

7.

Home university: Sofiiski Universitet "Sveti Kliment Ohridski"

Level of study: first cycle (BA)

Current year of study: 4

English Language Skills: C2

Polish Language Skills: None

8. Accommodation: I intend to apply for university accommodation.

For office use only, please do not fill.

DECYZJA REKTORA

- Wyrażam zgodę na przyjęcie na studia częściowe.
- Wyrażam zgodę na podjęcie kształcenia/studiów, na warunkach finansowych wnioskowanych przez Dziekana/Kierownika jednostki.
- Nie wyrażam zgody na podjęcie kształcenia/studiów.

Podpis Data

9. I intend to study following domains:

- Political sciences and civics (0312)
- Psychology (0313)

10. I intend to study at the following units:

- Faculty of Political Science and International Studies

11. I am interested in following these courses:

- Evolution of the Welfare State: a Global perspective (2100-ERASMUS-EWST)
- Populism and Radical Politics (2100-ERASMUS-PRPO)
- Qualitative methods (2100-ERASMUS-QUME)
- Academic Writing (2100-MON-ACWR)
- Individual Differences (2500-EN_O_24)

HOME INSTITUTION


(ERASMUS CODE BG SOFIA06 Discipline code 313 - if applicable)


Name Sofiiski Universitet "Sveti Kliment Ohridski"

Address Sofia, Tsar Osvoboditel Str., N°15, postal code 1504
Bulgaria

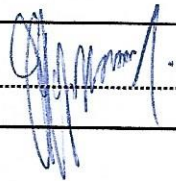
Departmental/institutional coordinator (name, telephone, fax, e-mail):
Boris Kostov, Phd, tel. +359 899 439177
email: boriskostov2@yahoo.com

I declare that that this student has been selected by this institution for Erasmus+ Student (Studies) and that the information provided on this form is correct.

Signature:  Date: 13.11.2019



Stamp of the institution

Student's signature:  Date: 13.11.2019