



**ECTS- EUROPEAN CREDIT TRANSFER SYSTEM**

**STUDENT APPLICATION FORM**

**Academic year: 2023/2024** *Photo*

**Field of Study:**

SENDING INSTITUTION

Name and full address:

**Akadémia Policajného zboru v Bratislave, Sklabinská 1, 835 17 Bratislava**

**(Academy of the Police Force in Bratislava)**

Erasmus ID code: **SK BRATISL06**

Institutional coordinator (name, telephone and fax number, e-mail box):

**prof. JUDr. Mojmír Mamojka, PhD., tel.: +421 9610 57 003,** [**mojmir.mamojka@minv.sk**](mailto:mojmir.mamojka@minv.sk)

Contact person (name, telephone and fax number, e-mail box):

**mjr. Mgr. Bc. Lucia Čajkovičová, PhD. tel.: +421 9610 57 346,** [**lucia.cajkovicova@minv.sk**](mailto:lucia.cajkovicova@minv.sk)

RECEIVING INSTITUTION

Name and full address:

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT´S PERSONAL DATA | | |  |
| Family name (Priezvisko): | | | First name (s): |
| Date of birth: (Dátum narodenia): | | |  |
| Place of Birth (Miesto narodenia): | | |  |
| Sex (Pohlavie): | | Nationality (Národnosť): |  |
| E-mail: | |  |  |
| Telephone number (incl. country code): | | |  |
| Permanent address (Trvalé bydlisko): | | |  |
|  | |  |  |
| Student´s signature: |