



**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**

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**

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: |