



ECTS- EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM

Academic year: 2024/2025

Photo

Field of Study: BOOM/ BSVS

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. Mojmir Mamojka, PhD., tel.: +421 9610 57 003, mojmir.mamojka@gmail.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:

