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| --- | --- | --- | --- |
|  | | INCOMING ERASMUS StudentDATA SHEET **ACADEMIC YEAR** **2024**/**2025** | |
| **University of Szeged**  http://www. u-szeged.hu | | To be filled in with capital letters! | |
| SENDING INSTITUTION ERASMUS code: | |  |

Personal data:

|  |  |
| --- | --- |
| **Family name**: |  |
| **First and middle name (s)**: |  |
| **Mother’s (full maiden) name**: |  |
| **Citizenship**: |  |
| **Passport/ID card No**: | **Validity (until)**: |
| **Health insurance No**: |  |
| **Existence of European Health Insurance Card:** | **YES NO** |
| **Existence of Student Visa:** | **YES NO** |
| **Do you need any special medical care?** |  |
| **Mobile number**: |  |
| **E-mail**: |  |

Person to contact in case of emergency, etc:

|  |  |
| --- | --- |
| **1. Name & relationship to student**: |  |
| **Permanent address:** |  |
| City and Postal code: |  |
| Country: |  |
| **Tel:** (including country code): |  |
| **Mobile number:** |  |
| **E-mail**: |  |
| **2. Name & relationship to student**: |  |
| **Permanent address:** |  |
| City and Postal code: |  |
| Country: |  |
| **Tel:** (including country code): |  |
| **Mobile number:** |  |
| **E-mail**: |  |

Period of stay at the University of Szeged:

|  |  |
| --- | --- |
| **Arrival date**: |  |
| **Departure date (planned)**: |  |
| **Duration of stay**: | (months) |

**I agree that my personal data may be used by the International Mobility Centre for administrative purposes and transferred to the relevant university offices/units in connection with managing the Erasmus+ programme. The International Mobility Centre and the above mentioned university units will treat this information confidentially and will not use my personal data for any purpose other than that for which it was originally collected.**

Date:............… ......................…….…….. Student’s signature......………..……………………............................