* **BANK DATA**

You need to fill in the formulare and sign it by Yourself

Please, transfer the grant to the account below:

*Name of the bank:*

|  |
| --- |
|  |

*Bank address :*

|  |
| --- |
|  |
|  |

*Swift Code of the bank:*

|  |
| --- |
|  |

*Account number:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Name and surname of student:*

|  |
| --- |
|  |

*Birthday date: Telephone number: e-mail:*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

|  |
| --- |
|  |

*The registred address of the Student:*

|  |
| --- |
|  |
|  |

*Faculty: Department:: Year of study:*

|  |  |  |
| --- | --- | --- |
|  |  |  |

*Name of the host University / Institution: Country:*

|  |  |
| --- | --- |
|  |  |

*Period of stay (months): From (dd-mm-yyyy) To (dd-mm-yyyy):*

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |
| --- |
|  |

*Previous participation in Erasmus+ Programme in months:*

|  |  |
| --- | --- |
|  |  |
| ……………………..………..………….. | ………………………………….……………… |
| *Date* | *Student’s signature* |

*PLEASE DON’T FILL IT! - To be filled by The International Relations Office of MUG:*

Kwestor

Gdańskiego Uniwersytetu Medycznego

W/M

Uprzejmie proszę o przekazanie ze środków Programu **ERASMUS + PROGRAMME**

(konto: **51 10901098 0000 0000 0903 3528**)

kwoty **…………….. EUR** (słownie: …………………………………………………………………..)

na wskazane powyżej przez **…………………………………………** konto bankowe.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Podpis Koordynatora Uczelnianego

Erasmus+ Programme