	/.	/20
(name and surname)		
(doctoral school)		
(year)		
(phone number)		
(e-mail address)		
	Professor Przemysław Nehring Vice-Rector for Education	
APPLICATION FOR ERASMUS+ S	SHORT-TERM MOBILITY CONSENT	
I would like to kindly request your consent	t for short-term mobility within Erasmus+ to	
n		
(city)	(country)	
during the period from/20 till/	./20	
Motivation:		
		Sincerely,
Director's of the Doctoral School opinion:	LA approved in USOSweb:	
Research Tutor's opinion:	Confirmed by the Dean's Off	ice worker

Attachment:

A paper copy of Learning Agreement, approved at least by the Coordinator at the NCU Faculty (only if the approval of LA in USOSweb is impossible for technical reasons)